

25-APR-95 19:01 BAPTIST MEDICAL CENTER

ID:

MICKELL, DARREN

NORMAL SINUS RHYTHM
NORMAL ECG

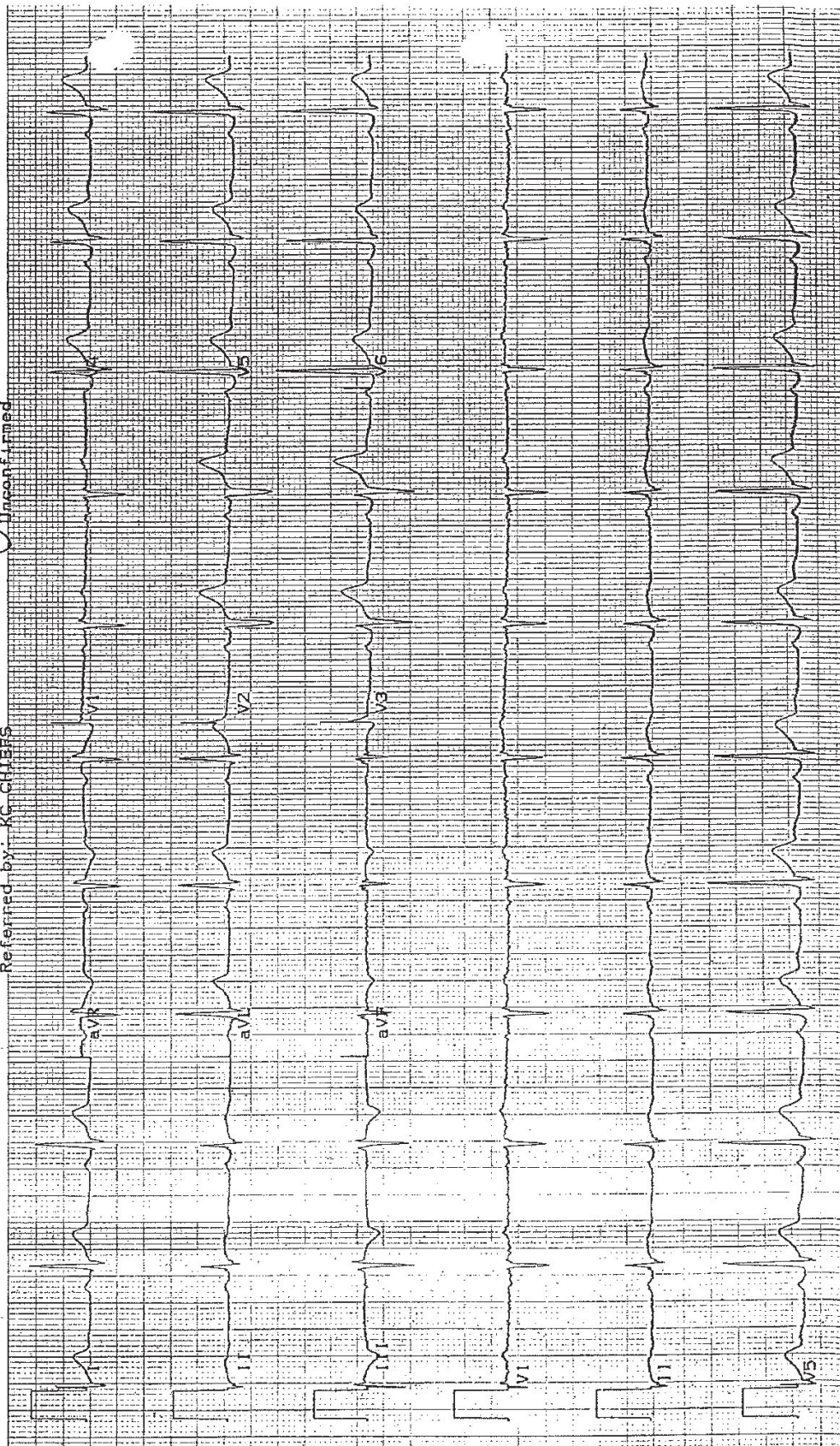
Med: Unknown
25mm/s
10mm/mV
100Hz
Pgm 004A
v206

Ht:
Wt:
Sex: M Race: Blk
Loc: Room:

Vent. rate 62 BPM
PR interval 160 ms
QRS duration 100 ms
QT/QTc 376/382 ms
P-R-T axes 18-13 -15

Referred by: KC CHIBBS

Unconfirmed



MICKELL-0707

A0823

BAPTIST MEDICAL CENTER * ROUTINE RECORD

25-APR-1995 19:01
NORMAL ECG RHYTHM
NORMAL ECG

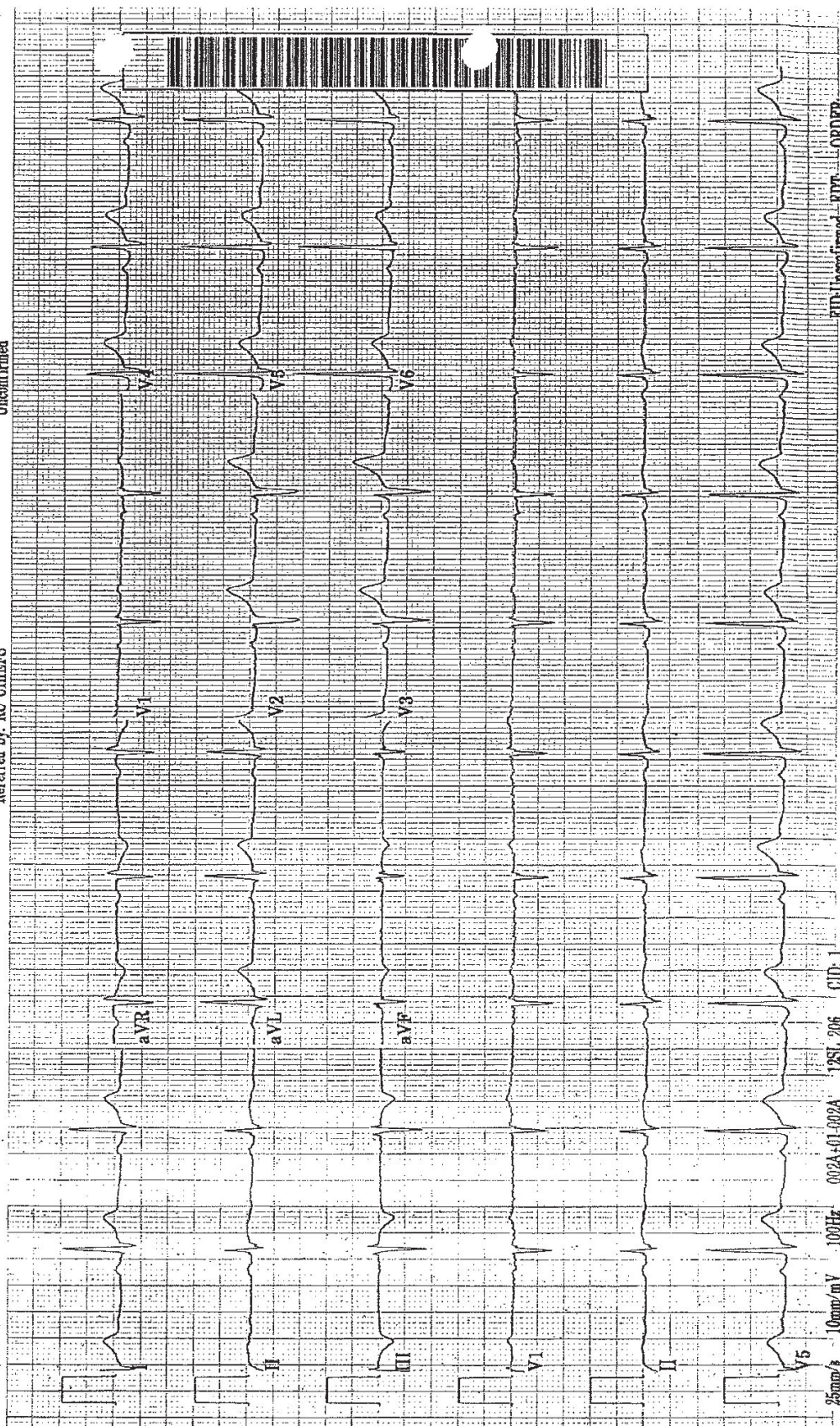
ID: 999999999
62 BPM
150 ms
100 ms
376/382 ms
18 -13 -15

MICKELL, DARREN
24 yr
Male
B
Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes

Meds: Unknown

Referred by: KO CHIEFS

Unconfirmed



RTH Unconfirmed ECG ORDER

MICKELL-0708

A0824

Page Two

Re: Darren Mickell

June 26, 1996

RECOMMENDATIONS:

The patient will be seen daily through approximately 7/13/96 for pelvic/lower extremity flexibility, trunk/pelvic stability, postural strengthening/awareness, and overall cardiovascular conditioning. Mr. Mickell was instructed in a home exercise program on this date, which included pelvic/lower extremity flexibility with emphasis on the knee flexor, extensor, and gluteal flexibility. The client voiced/demonstrated independence in that program prior to leaving the clinic on this date.

Thank you for this referral.

Professionally,



Michael J. Bolander, P.T.

MB:blc
accutype

MICKELL-0709

A0825

Southern Orthopaedic Specialists

GENERAL ORTHOPAEDIC SURGERY • SURGERY OF THE HAND • JOINT RECONSTRUCTION
SPORTS MEDICINE • ARTHROSCOPIC SURGERY • SURGERY OF THE SPINE

Claude S. Williams, M.D.
Terry L. Habig, M.D.
J. Lee Moss, M.D.
Chad W. Miller, M.D.
Timothy P. Finney, M.D.
Gregor J. Hoffman, M.D.

Daniel C. Riordan, M.D.
Retired
J. Kenneth Sacre, M.D.
Retired
OFFICE ADMINISTRATOR
Marion Eigenbrod

RE: Darren Mickels
Our file: 11-7498-2
Our account: 68000

June 4, 1996 TLH Darren is a defensive line man for the New Orleans Saints. He states that he developed back pain during the rookie camp approximately three weeks ago. He states that it was occasional pain and located in the low back, with no leg pain. He left New Orleans, and seemed to get better. He was back at the mini-camp and when he was involved in the activities, he "over-extended" his legs and developed a sharp pain in his left low back. This happened yesterday and it radiated toward his left buttock. He denies that it radiated down the leg. He specifically denies that it radiated past the knee. He states that he had a little numbness in his back, but he had no numbness in his leg or in his foot. He states that he has had occasional back discomfort in the past but he never missed any time.

He is also complaining of pain in his left knee. He had his left knee arthroscoped on three occasions - the last was in February of 1995. During the 1995 season he states that his left knee felt okay but he had some aching at times and he would take some Indocin. He has never had any swelling or has he had the knee aspirated or injected. His right knee occasionally aches. He had it arthroscoped on two occasions and the last was in February of 1995. He states that during the 1995 season his right knee did fine and it is not particularly bothersome at this time.

He is also complaining of pain in his right little finger. He has a history of dislocating it in September of 1995. He has had some deformity in the finger since that time. He thinks that he aggravated it in the recent camp.

Examination of his back reveals some tenderness to palpation in the left lower lumbar area. Actually, it is closer to the mid line. He has no tenderness over the SI joint. There is no tenderness over the sciatic notch. He has forward flexion to 80 degrees with reversal lumbar lordosis. There is no evidence of muscle spasm, but he does complain of pain. He is able to extend his back to neutral and hyperextend it. Lateral bending is present to about 30 degrees, and it appears symmetrical. His toe and heel walk is normal. His deep tendon reflexes are 2+ and symmetrical.

3640 Read Boulevard, Suite 120
New Orleans, Louisiana 70127-3125
(504) 244-9720
FAX 245-0738

MAIN OFFICE
2731 Napoleon Avenue
New Orleans, Louisiana 70115-6953
(504) 897-6351
Business FAX 899-7317
Medical FAX 897-6442

3800 Houma Boulevard, Suite 210
Metairie, Louisiana 70006-4151
(504) 455-9500
FAX 455-1617

MICKELL-0710

New Orleans Saints
June 4, 1996
RE: Darren Mickels

His hip motion is nonpainful. The straight leg raise examination caused some low back pain bilaterally at about 70 degrees. He has a negative Lasegue's test. There is no weakness in the lower extremity, and his sensation is intact.

Examination of his left knee reveals slight varus. He has no swelling. He has full motion. He is tender to palpation about the patellofemoral joint. He has 2+ patellofemoral crepitus of both knees with active range of motion. There is no instability, and the McMurray's test is negative.

Examination of his right little finger reveals a 40 degree flexion contracture. He can only flex it to about 80 degrees. He complains of pain when stressing the ligament, but it appeared stable.

X-rays of the right little finger in AP and lateral views show a little calcification on the distal portion of the proximal phalanx. The joint itself appears intact. X-rays of the lumbosacral spine appear normal. X-rays of the left knee show some slight ridging of the articular surface, laterally, and some tilting of the patella, laterally. On the right knee there is some calcification off the medial femoral condyle consistent with an old Pellegrini-Stieda disease.

IMPRESSION: Chondromalacia of the patella, worse on the left knee than the right; early degenerative changes of a mild degree, left knee.

Regarding his back, he has no evidence clinically of a ruptured disc, but in view of his persistent symptoms now for several weeks, and some pain radiating into the buttock, I have suggested an MRI.

Regarding the right little finger, I really do not have any recommended treatment at this point and time.

Terry L. Habig, M. D.

TLH/cc

cc: Mr. Tom Benson
cc: Coach Jim Mora
cc: Mr. Dean Kleinschmidt
cc: Mr. Bill Kuharich

MICKELL-0711

A0827

4/26/96

DARREN MICKELL - Darren played for Kansas City the past few seasons. He does have a history of two knee arthroscopies on the right side, and three arthroscopies on the left for what he reports to be clean-out procedures. He denies any ligament injury to the knees. He also had a left shoulder AC separation, and he missed four games last year because of it. Otherwise, there is no other orthopaedic history. We do not have any of his history from Kansas City at this time.

On examination, neck range of motion is full. The left shoulder shows no significant AC swelling or step-off. There is no crepitus. He has full range of motion of both shoulders; there is no instability. Knee examinations show old portals, well healed. He has no effusion on either knee. He has 1-2+ patellofemoral crepitus with range of motion, but there is no pathologic instability. He has no joint line tenderness. The remainder of the examination was within normal limits.

IMPRESSION: History of several knee surgeries, which appear to be minor arthroscopies. He has had some missed time over the last season. It would be beneficial to get some of the history from Kansas City, as well as some knee films when he comes back for spring practice.

He is rated a 2.

MICKELL-0712

A0828

NEW ORLEANS SAINTS FOOTBALL CLUB

1926

PLAYER'S HEALTH HISTORY

Darren Mickell

NAME:

HOME PHONE #: 816-537-8563

ADDRESS: 4332 SE Furlong CITY: Lee Summit STATE: MO ZIP: 64082

1. IF YOU HAVE HAD ANY OF THE FOLLOWING, PLEASE CHECK (✓) BESIDE THAT ITEM:

MUMPS	RUPTURE	STOMACH, LIVER OR BOWEL DIS.
SCARLET FEVER	PILES OR RECTAL DIS.	BONE OR JOINT DEFORMITY
DIPHTHERIA	TUMOR, GROWTH, CANCER	LOSS OF FINGER, TOE, ETC.
PNEUMONIA	KIDNEY STONE OR INFECT.	PAINFUL SHOULDER OR ELBOW
RHEUMATIC FEVER	SKIN DISEASE	"TRICK" OR LOCKED KNEE
HAY FEVER	VENEREAL DISEASE	BACK TROUBLE
ASTHMA	FREQUENT HEADACHES	LEG CRAMPS
GOITER (THYROID)	DIZZY OR FAINTING	FOOT TROUBLE
TUBERCULOSIS	VISUAL DIFFICULTIES	CAR, TRAIN, AIR SICKNESS
FREQUENT SORE THROAT	EAR, NOSE, THROAT DIS.	DIFFICULTY SLEEPING
DIABETES	CHRONIC, FREQUENT COLDS	DEPRESSION OR NERVOUSNESS
HEART MURMUR	SINUSITIS	LOSS OF MEMORY
HIGH BLOOD PRESSURE	CHEST PAIN OR PRESSURE	CHRONIC COUGH
NIGHT SWEATS	APPENDICITIS	FREQUENT INDIGESTION

2. HAVE YOU EVER: (ANSWER YES OR NO)

WORN GLASSES?	LIVED WITH ANYONE WHO HAD TUBERCULOSIS?
WORN HEARING AIDS?	bled excessively AFTER INJURY OR TOOTH EXTRACTION
SUFFERED OR STAMMERED	HAD ANY REACTION TO SERUM, DRUGS OR MEDICINE
WORN A BACK BRACE OR SUPPORT	

3. LIST ALL OPERATIONS, FRACTURES, INJURIES AND SERIOUS ILLNESSES THAT YOU HAVE HAD:

2nd Fingers - Fractured March 1995 healed

2 fingers (R)

3 fingers (L)

4. ARE YOU TAKING ANY MEDICINES AT THIS TIME? NO WHAT?

5. ARE THERE ANY SERIOUS ILLNESSES IN YOUR IMMEDIATE FAMILY? NO PLEASE LIST ILLNESSES:

*NOTE: LIST "L & W" IF LIVING & WELL - LIST "DEC." IF DECEASED.

MOTHER L & W

FATHER

BROTHERS & SISTERS L & W

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE

PLAYER'S SIGNATURE

MICKELL-0713

A0829

NEW ORLEANS SAINTS FOOTBALL CLUB

ORTHOPEDIC EXAMINATION

NAME _____

DATE 4/26/961. NECK:History of Injury: No ☒ Yes _____ (If Yes, Describe) _____

Range of Motion: Normal _____ Restricted _____

2. SHOULDER:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes 195 (If Yes, Describe) _____
sn-1-2 AC rep; out 3-4 gams

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

3. ELBOW SECTION:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

4. WRIST:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

5. HAND:

History of Injury: Right: No _____ Yes _____ Left: No _____ Yes _____ (If Yes, Describe) _____

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

6. FINGERS:

History of Injury: Right: No _____ Yes _____ Left: No _____ Yes _____ (If Yes, Describe) _____

Deformity: _____

7. SPINE:

History of Injury: No _____ Yes _____ (If Yes, Describe) _____

Posture: _____

Range of Motion: Normal _____ Restricted _____

MICKELL-0714

A0830

Page 2

NAME _____

8. HIP:

History of Injury: Right: No _____ Yes _____ Left: No _____ Yes _____ (If Yes, Describe)

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

9. KNEE:History of Injury: Right: No _____ Yes ✓ 7/20/2018 Left: No _____ Yes ✓ 3/20/2018 (If Yes, Describe)

Measurements: Thigh: Right _____ Left _____ Calf: Right _____ Left _____

Motion and Stability: Right: _____

Left: _____

10. ANKLE:History of Injury: Right: No ✓ Yes _____ Left: No ✓ Yes _____ (If Yes, Describe)

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

Stability: Right: _____ Left: _____

11. FOOT:History of Injury: Right: No ✓ Yes _____ Left: No ✓ Yes _____ (If Yes, Describe)12. ACHILLES:

History of Injury: Right: No _____ Yes _____ Left: No _____ Yes _____ (If Yes, Describe)

GENERAL REMARKS: _____

Date _____

Physician's Signature _____

MICKELL-0715

A0831

WARRANTY OF FULL DISCLOSURE OF THE
PHYSICAL AND MENTAL CONDITION
OF PLAYER

TO: New Orleans Saints
6928 Saints Drive
Metairie, Louisiana 70003

Player warrants and represents that he has made a full and complete disclosure to the Club's physician of all present or prior physical or mental defects, illnesses, injuries, or conditions known to him or of which he has knowledge, which might prevent, hinder, or impair the performance of his services under his standard player contract. Player further warrants that at the time of his physical examination by the Club's physician on the 26 day of April, 1996, he has not withheld or failed to disclose any present or previous physical or mental defect, illness, injury, or condition known to him. Player understands and agrees that if any answers given during said physical examination are false or if any information has been withheld, such physical examination will become void and will necessitate the taking of another physical examination to determine the true physical status of the player. Player further agrees to indemnify and hold the Club harmless from the consequence of any injury, illness or deteriorated condition occurring to player during the life of his standard player contract which is attributable to or the result of any defect, illness, injury or condition which player failed to disclose to the Club at the time of his physical examination.

DATE: _____



PLAYER'S SIGNATURE

MICKELL-0716

A0832



NEW ORLEANS LOUISIANA SAINTS

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I authorize Kansas City Chiefs
Name of Team

who treated Darren Mickell to
Full Name of Patient

release to Terry L. Habig, M.D. and/or Charles L. Brown, Jr., M.D.

*

5800 Airline Highway Metairie LA 70003

the following information from my medical record.

- ☒ Diagnoses, including those relating to alcohol or drug abuse, if any
- ☒ History and Physical Examination reports
- ☒ Consultation
- ☒ Laboratory and X-ray reports
- ☒ Physician's Progress Notes
- ☐ Physician's Discharge Summary
- ☐ Complete Hospital Record
- ☒ Operative Report
- ☐ Other: _____

I understand that the information indicated above is considered confidential and is to be utilized by the recipient only for the following purpose:

- ☒ For treatment by the physicians indicated above
- ☐ For processing of my insurance claim
- ☐ For application of insurance
- ☐ Other: _____

Specify other limited purpose

I understand that I may revoke this consent at any time, and that in any event, it will expire one (1) year from this date, unless sooner revoked, and that upon fulfillment of the above-stated purpose this consent will automatically expire without my express revocation.

Signed Kevin D. Mangum
Witness

Signed [Signature]
Patient

Patient's Date of Birth & SS#

70 [Redacted] -192
4-28-96
Date of Signature



6928 Saints Dr. • Metairie, LA 70003 • (504) 733-0255 • Fax (504) 733-8325

MICKELL-0717

A0833

JSAS CITY CHIEFS FOOTBALL CLUB

MEDICAL HISTORY

NAME <u>Darren Mickell</u>	AGE <u>24</u>	DATE <u>4-25-95</u>
DATE OF BIRTH <u>70</u>	SOCIAL SECURITY NO <u>1926</u>	
HOME ADDRESS <u>1014 Washington</u>	CITY, STATE, ZIP <u>ICC MO 64105</u>	PHONE <u>471-0019</u>
WIFE'S NAME	HEIGHT	WEIGHT

PLEASE COMPLETE THE FOLLOWING CAREFULLY

PAST MEDICAL HISTORY - INCLUDING MISSED PRACTICES OR GAMES IN ATHLETICS

ATHLETIC INJURIES L & R KNEE

SERIOUS ILLNESS

HOSPITALIZATIONS/OPERATIONS

ALLERGIES (FOOD, MEDICATION, ENVIRONMENT)

DO YOU TAKE ANY MEDICATIONS? No WHAT?

HABITS

NUMBER OF PACKS OF CIGARETTES SMOKED DAILY NONEDO YOU DRINK ALCOHOLIC BEVERAGES? No

AMOUNT?

DO YOU USE ANY OF THE FOLLOWING? (CIRCLE APPROPRIATE ANSWER)

1). "UPPERS" - AMPHETAMINES, COCAINE, ETC.

YES

NO

2). NARCOTICS - HEROINE, MORPHINE, DEMEROL, ETC.

YES

NO

3). "DOWNERS" - QUAALUDES, VALIUM, TRANQUILIZERS

YES

NO

4). EVER BEEN TREATED FOR ALCOHOL OR CHEMICAL ABUSE?

YES

NO

5). HORMONE SHOTS OR TABLETS (ANABOLIC STEROIDS)?

YES

NO

IF SO, HOW MUCH?

FAMILY HISTORY - AGE, HEALTH STATUS, CAUSE OF DEATH, IF DECEASED

FATHER CancerMOTHER 42 FINEBROTHERS AND SISTERS Arvon 26 Good Tekisha 19 Good Patricia 9 GoodWIFE AND NUMBER OF CHILDREN AND AGES Two kids 11 Good 6 Good 11 Good 4 Good

FAMILY HISTORY OF (PLEASE CIRCLE AND GIVE RELATION):

TB

DIABETES

HIGH BLOOD PRESSURE

HEART DISEASE

CANCER

MICKELL-0718

A0834

KANSAS CITY CHIEFS FOOTBALL CLUB -- MEDICAL HISTORY

NAME: Darren MickellDATE: 4-25-95CHECK THE YES OR NO BOX AS NEEDED; INDICATE POSITIVE ANSWERS IN EACH SECTION BY CIRCLING ANY COMPLAINTS LISTED
NOW AND EXPLAIN COMPLETELY IN "COMMENT" COLUMN.

	YES/NO	COMMENTS
MENTAL: Drug addiction - Alcoholism Nervous disorder or psychiatric treatment	NO	
HEAD: Heat stroke - Fainting spells Headaches - convulsions - Dizziness - Concussions Epilepsy - Loss of memory	NO	
EYES: Use of glasses or contact lens. No. years worn _____ Last checked by eye Dr. for glasses _____ Blurred vision - Double vision	NO	
EARS: Hearing difficulty - Frequent infections	NO	
NOSE: Frequent nose bleeds - Sinus difficulty Hay fever	NO	
MOUTH: Mouth protector - Frequent sore throats Hoarseness - Dentures - Partial plate	N	
NECK: Pain - Frequent stiffness - Motion limitation Thyroid disease	N	
CHEST: Abnormal chest x-ray History of bronchitis or pneumonia Spit up blood - Continual cough sputum Tuberculosis - Asthma - On medications	N	
HEART: Abnormal EKG Palpitations or skipped hear beats Chest pain with exertion - Shortness of breath History of high blood pressure - medication History of heart murmur or Rheumatic fever	N	
DIGESTIVE: Injury to liver, spleen or bowel Difficulty swallowing-Unexplained wt. gain or loss Poor appetite-Frequent belching or heartburn History of ulcer-jaundice-hepatitis-diarrhea Constipation - Rectal bleeding or hemorrhoids	N	
MALE ORGANS: History of hernia repair Discharge - Strain Gonorrhea - herpes - syphilis	N	
KIDNEYS FUNCTION: Diabetes - Medication Injury to kidneys Frequent urination(more than 5-6 times daily) Burning - Blood in urine - History of kidney stones Puss, sugar or protein in urine	N	
EXTREMITIES: Leg cramps - Varicose veins - Gout	N	
SKIN: Cancers - Skin irritations - Lacerations	N	
CHILDHOOD DISEASES: Have you had mumps? Chickenpox? Measles, regular or 3-day?	N	
HEMATOLOGIC: Easy bruising or bleeding tendency Sickle Cell test? Anemia - Infectious mono	N	
ORTHOPEDIC: Muscle pulls(hamstrings,calf,etc.) Muscle cramps Sprains (<u>Knee</u>) ankle, other) - Fractures Cervical nerve pinch ("Burner") Low back trouble Charley horse or severe muscle bruise Dislocations/Subluxations	YES	

MICKELL-0719

A0835

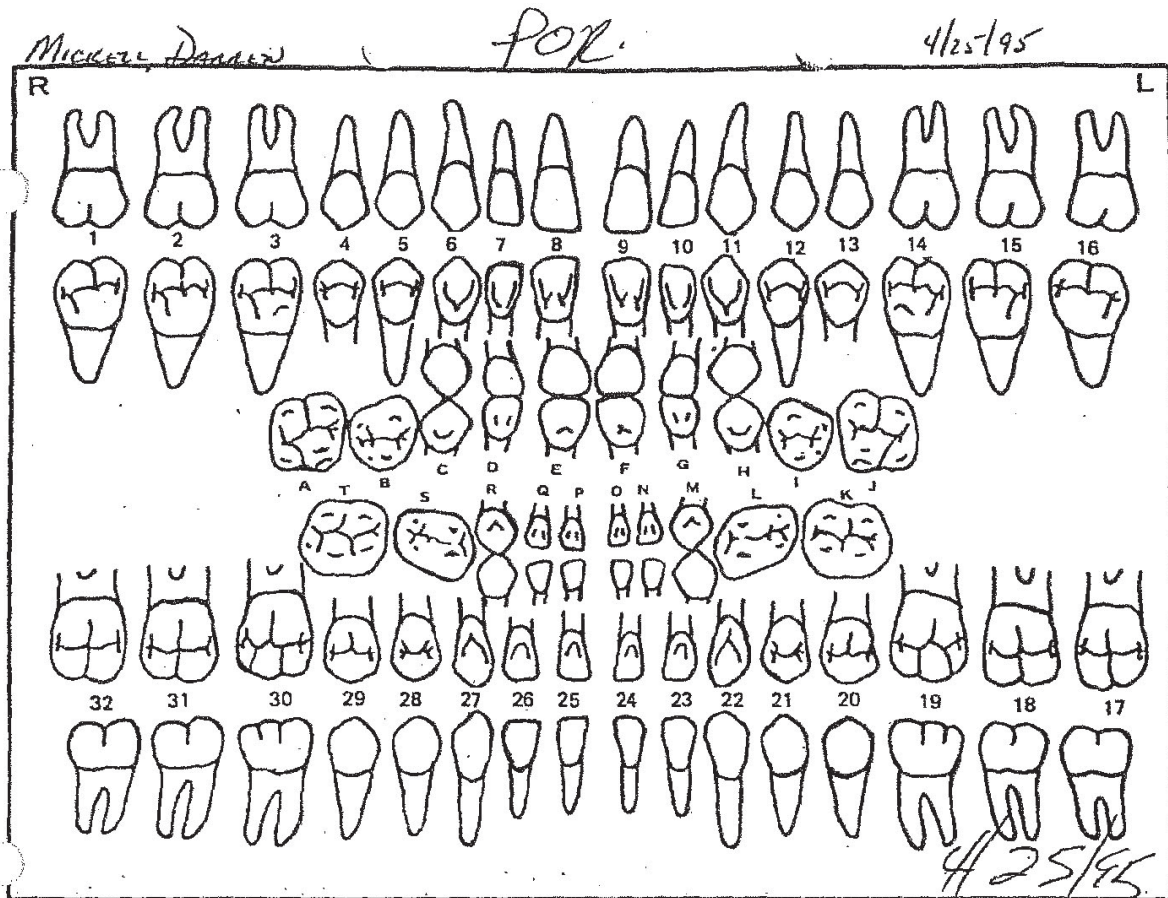
NAME: Darren Mickell DATE: 4-25-95

Pulse 76 Blood Pressure 132/80 General Appearance _____

1. NEUROLOGIC AND MENTAL STATUS	WNL
2. EYES	
3. MOUTH	
4. EARS, NOSE & THROAT	
5. BACK & NECK	
6. NODES	
7. LUNGS	
8. HEART	
9. ABDOMEN	
10. GENITALIA	
1. RECTAL & PROSTATE	OK
2. IMMUNIZATIONS:	
TETANUS TOXOID _____ INFLUENZA _____	
ADDITIONAL COMMENTS: _____	

PHYSICIAN'S SIGNATURE J. Wainwright DATE 4/25/95

A0836



TREATMENT PLAN	APPT. DATE	TREATMENT PLAN	APPT. DATE
<i>U.R. cons. to II Re-eval. 4/25/95</i> <i>II Re-eval. 4/25/95</i>			<i>10/25/95</i>

Kevin J. Cummings, D.D.S., P.C.

[J] "INSTRUCTIONS PRIOR TO SURGERY" GIVEN 1

401 South Ward
Lee's Summit, MO 64081

(816) 246-

MICKELL-0721

A0837

EYE EXAMINATION SHEET			
Name <u>MICKELL, DARRIN</u>		Date <u>4/25/95</u>	No. _____
Age: <u>24</u>		HISTORY	
Ocular: (O.D.: O.S.)	<u>None</u>		
Medical: (Bleeding Tendency)			
Surgical:	<u>0</u>		
Allergies:	<u>0</u>		
Medication: (Steroids, Anticoagulants)			
Family History:			
Correction:	<input type="checkbox"/> Never worn correction <input type="checkbox"/> Correction worn since past _____ years Present correction _____ years old from <input type="checkbox"/> M.D. <input type="checkbox"/> Optometrist <input type="checkbox"/> Other Type <input type="checkbox"/> Single vision <input type="checkbox"/> Reading <input type="checkbox"/> Bifocals <input type="checkbox"/> Trifocals <input type="checkbox"/> Contact Lens		
EXAMINATION			
	O. D.		O. S.
PRESENT GLASSES	add		add
Vision	<u>S 20/20</u> <u>C</u> P.H.	<u>S 20/20</u> <u>C</u> P.H.	
External			
Pupils			
Motility			
Manifest Refr.	=		=
Cyclopleg Refr.	=		=
<u>R</u>	=		=
add	add		
Tension	Appln.	Appln.	
Fields			

MICKELL-0722

A0838

MICKELL, DARREN (NMI)

4-05-95: The player is seen in followup today for his bilateral knee arthroscopic surgeries. He is not having any increasing complaints of aching and tenderness, but he still experiences some grating and grinding about both knees, more so with the left knee than right knee. He has been careful in limiting any knee extension quadriceps strengthening program and/or squats.

On clinical exam today his effusion is almost completely gone from the right knee, but there still is some very mild peripatellar crepitus through his mid ROM from about 20° to 50° of flexion. He has fair to good quadriceps muscle control.

His left knee has a 1-2+ patellofemoral crepitus, with fair to good quadriceps muscle control. There is still a very mild effusion at 1+. He has full extension, without any extensor lag to both knees, with flexion to about 135° bilaterally.

The plans are for the player to continue to work diligently with his quad isometric strengthening exercise program. He will be allowed active ROM, hamstring curls and universal hip program, as well as toe raises and calf step-ups. The player has been cautioned and advised with regard to any knee extensions and squatting type workout programs.

We will check him again for a pre-camp exam in about three weeks' time for a followup evaluation. In the meantime he will also continue with some anti-inflammatory medication, as he is not having any problems tolerating this. On his followup exam we will see if he needs to continue with that for again another few weeks. JEB:rm

4-05-95: cc/Dave Kendall - Chiefs. JEB:rm

MICKELL-0723

A0839

KANSAS CITY CHIEFS FOOTBALL CLUB ORTHOPEDIC EXAMINATION

NAME: MICKELL, DARREN DATE: 4-25-15

NECK:

History of Injury: No ☐ Yes ☐ (If Yes, Describe) _____

Range of Motion: Normal ☐ Restricted ☐

SHOULDER:

History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☒ (If Yes, Describe) _____

'93 (R) SHOULDER PAIN AXILARY LINE & POST. MIDDLE INFLAMMATION & PAIN TC. (R) MRI (R)

Range of Motion: Left: Normal ☐ Restricted ☐ Right: Normal ☐ Restricted ☐

ELBOW SECTION:

History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☐ (If Yes Describe) _____

11/14 (L) LATERAL ELBOW CONTUSION

Range of Motion: Left: Normal ☐ Restricted ☐ Right: Normal ☐ Restricted ☐

WRIST:

History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes, Describe) _____

Range of Motion: Left: Normal ☐ Restricted ☐ Right: Normal ☐ Restricted ☐

HAND:

History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes, Describe) _____

Range of Motion: Left: Normal ☐ Restricted ☐ Right: Normal ☐ Restricted ☐

FINGERS:

History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☐ (If Yes, Describe) _____

Hx MULTIPLE JOINT SPRAIN & RESIDUAL PROBLEMS; '93 (L) HAND MP JT. SPRAIN 2ND, 3RD, 4TH; '94

(L) LONG FINGER-PIP JOINT DISLOCATION & SMALL AVULSION FRACTURES. ~ 90° PIP Flex. No Flex

Deformity: (L) THUMB MP JTS. ↓ ROM & STABLE & Hx of INJURY. 1/2

MICKELL-0724

A0840

RADIOLOGY ASSOCIATES, Ltd.

GERALD E. STAAB, M.D.
ROBIN R. MacDONALD, M.D.
CRAIG B. McCLURE, M.D.
MARK S. REINSEL, M.D.
DOUGLAS L. NELSON, M.D.

6650 Troost, Suite #210
Kansas City, MO 64131
PHONE No. (816) 363-5606
FAX No. (816) 333-3935

April 26, 1995

PATIENT: Mickell, Darren

DATE OF EXAMINATION: ?

ADDRESS: K.C. Chiefs

REFERRED BY: J. Browne, M.D.

FILE NUMBER:

EXAMINATION: Chest

CLINICAL DATA: Routine.

CHEST, PA, LATERAL:

Films were taken at the Orthopaedic and Sports Medicine Clinic of Kansas City.

The lungs are well expanded and clear. The heart and mediastinum appear normal. No abnormality of the bony thorax detected.

IMPRESSION:

Negative chest.

Gerald E. Staab, M.D.
GES/gh

cc: David Kendall
K.C. Chiefs
One Arrowhead Drive
Kansas City, MO 64129

REPORTS FAXED 4-26-95

MICKELL-0725

A0841

NAME: MICKELL, DARREN

PAGE 2

SPINE:History of Injury: No ☐ Yes ☒ (If Yes, Describe) Hx of Mild LBP - 3 yrs. Ago
'93 @ SI CONTUSION; @ RIB COSTAL CHONDRAL/CARTILAGE SEPARATION 10/94

Posture: _____

Range of Motion: Normal _____ Restricted _____

HIP:History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes, Describe) _____

Range of Motion: Normal _____ Restricted _____

KNEE:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☒ (If Yes, Describe)8/91 @ SCOPES - PATELLA CHONDROPLASTY & GRADE III-III CMP; SPUNG '92 @ SCOPES;
192 @ SYNOVITIS & CMP PAIN & LIFTING (IR); 9/94 - @ P.MCL SPRAIN VS. HFC CONTUSION; @ ARTHROSCOPIC
SURGERY 3/95STABILITYLEFTMCL Lat fem patella
LCL severe
CRUCIATES No effusion
PATELLA CREP. 2+ schuffert's grade
ROM free 0-135RIGHTMCL _____
LCL no effusion
CRUCIATES _____
PATELLA CREP. 1-2+
ROM 0-135ANKLE:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☐ (If Yes, Describe)'93 @ SPRAIN - LCL 1°; 11/94 @ ANKLE SPRAIN - ANT. TIB. FIR, SYNOVITIC, ANT. TALO-FIB. LIGAMENTS

Range of Motion Left: Normal _____ Restricted _____ Right: Normal _____ Restricted _____

Stability: Left _____ Right: _____

FOOT:History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes Describe)LOM @ GT. Toes MP EXTENSION @ 7 @ LOM PF

X-RAYS: _____

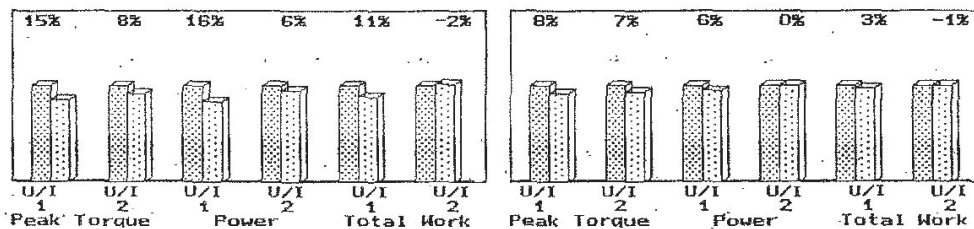
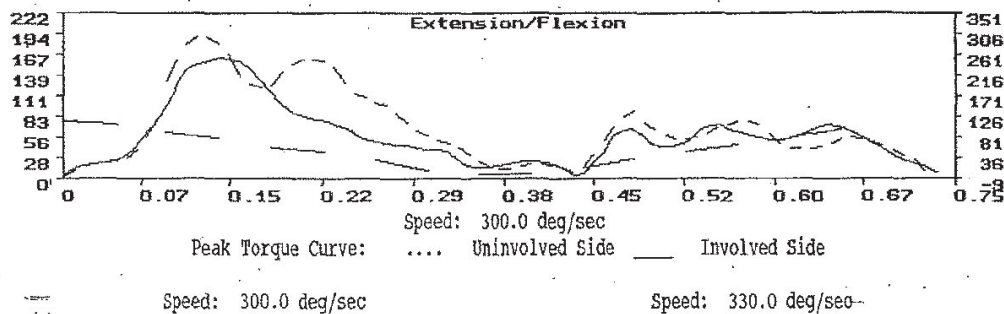
GENERAL REMARKS:4-25-95C.B.

MICKELL-0726

A0842

Name	: Mickell, D.	Clinician	: Kendall, D	Joint	: Knee
ID	: 1926	Referral	:	Pattern	: Extension/Flexion
Age	: 0	Calibration Date	: JAN 30, 1995 at 15:58	Treatment	: Hx. Lt. Scope CMPx3
Sex	: M	Test Date	: JUN 30, 1995	Involved Side	: L
Height	: 76 in	Settings	:	Contraction	: Concentric/Concentric
Weight	: 265 lbs	Data Reported	: All Data	Mode	: Isokinetic

Extension				Uninvolved Involved Deficit(%)				Uninvolved Involved Deficit(%)			
Number of Repetitions	:	6.0	6.0	----				6.0	6.0	----	
Speed (deg/sec):	:	300.0	300.0	----				330.0	330.0	----	
Peak Torque (ft-lbs):	:	185.0	156.5	15.4				183.9	168.3	8.5	
Coefficient of Variance (%)	:	7.5	8.5					4.4	4.5		
Torque/Body Weight (%)	:	69.8	59.1					69.4	63.5		
Max Rep Work (ft-lbs):	:	202.9	179.4	11.6				194.2	192.5	0.9	
Total Work (ft-lbs):	:	1128.2	1003.2	11.1				1094.4	1066.0	2.6	
Average Power (watts):	:	738.1	617.3					721.8	681.3		
Flexion				Uninvolved Involved Deficit(%)				Uninvolved Involved Deficit(%)			
Speed (deg/sec):	:	300.0	300.0	----				330.0	330.0	----	
Peak Torque (ft-lbs):	:	102.2	93.9	8.1				90.7	84.7	6.6	
Coefficient of Variance (%)	:	6.8	13.6					11.9	15.9		
Torque/Body Weight (%)	:	38.6	35.4					34.2	32.0		
Max Rep Work (ft-lbs):	:	110.8	106.0	4.3				85.9	96.2	-12.0	
Total Work (ft-lbs):	:	575.6	589.3	-2.4				447.1	449.5	-0.5	
Average Power (watts):	:	356.8	336.3					280.3	279.7		
Agonist/Antagonist (%)	:	55.2	60.0					49.3	50.3		
Maximum ROM (deg):	:	115.0	117.0	-1.7				116.0	118.0	-1.7	
Anatomical ROM (deg):	From	-3.0	-9.0					-4.0	-9.0		
	To	112.0	108.0					112.0	109.0		



CC ENTIS:

MICKELL-0727

A0843

MICKELL, DARREN (NMI)

7-12-95: The player is seen in followup today for his bilateral knee arthroscopic surgeries. He still is having some aching and tenderness (more so on the left) with his day-to-day workout activities. He has been able to get back into an active running program, and he has been performing some knee extension and leg press activities which has been bothersome for him. He is not currently on any anti-inflammatory medication.

On examination he does have a very mild effusion about the left knee, with peripatellar crepitus and grating noted from about 10° to 60° of flexion, without any apprehension or instability to the extensor mechanism otherwise. McMurray's testing is negative and there is no other demonstrable laxity.

The right knee has some very mild peripatellar crepitus noted (less than that of the left knee), with minimal (if any) effusion noted. McMurray's testing is negative. There is a stable extensor mechanism, with fair to good quadriceps muscle development (bilaterally).

Clinically I think the player has had a reasonably good response to his surgeries, but he still is plagued with some recurrent effusion and patellofemoral discomfort with the left knee. I do think he will need to back off from any knee extensions or squat type activities, and I feel he would benefit from being on an anti-inflammatory medication (the idiosyncrasies of the medicine have been discussed with the player).

He will be checked again prior to the start of the summer camp workout activities in a couple of weeks' time at the Arrowhead Facility. He should be okay for full participation this summer, albeit with some restriction on some of his workout type activities during the camp practice routine. J.E. Browne, M.D./rm

7-12-95: cc/Dave Kendall - Chiefs. JEB:rm

MICKELL-0728

A0844

MEDICAL DICTATION .. DR. JON BROWNE

TRAINING ROOM NOTES

JULY 27, 1995

TRANSCRIBED: JULY 29, 1995

DARREN MICKELL

PLAYER IS HAVING SOME INCREASING SWELLING ABOUT BOTH KNEES AND DISCOMFORT AND IS SEEN IN FOLLOWUP. CURRENTLY THE LEFT KNEE IS A LITTLE BIT MORE BOTHERSOME THAN THE RIGHT KNEE, JUST A VERY MILD EFFUSION IS PRESENT. HE HAS FULL MOTION AND A MILD TO ONE PLUS PERIPATELLAR CREPITIS AND GRADING MORESO WITH THE LEFT KNEE THAN RIGHT KNEE FROM ABOUT 20 TO 60 DEGREES OF FLEXION.

THE PLANS ARE TO CONTINUE WITH THE ANTI INFLAMMATORY MEDICATION, THE IDIOSYNCRASIES OF THE MEDICINE HAVE BEEN DISCUSSED WITH THE PLAYER. HE'LL ALSO HAVE USE OF A NEOPREEN KNEE SLEEVES AND CONTINUE TO MODIFY SOME OF HIS WORKOUT ACTIVITIES. HE'LL BE FOLLOWED ALONG THE WAY WITH REGARDS TO HIS REHAB. PROGRAM

ar

MICKELL-0729

A0845

MEDICAL DICTATION .. DR. JON BROWNE

- BUFFALO BILLS

8/19/95

TRANSCRIBED: 8/24/95

DARREN MICKELL

PLAYER SUSTAINED AN INJURY IN THE FIRST PART OF THE 3RD QUARTER DURING THE LONG DEFENSIVE SERIES TO HIS POSTERIOR LATERAL NECK REGION. HE HAD DISCOMFORT TO HIS TRAPEZIUS MUSCULATURE, PERHAPS A LITTLE BIT OVER TO HIS DELTOID AREA OF HIS ARM. BUT NO TINGLING OR NUMBNESS IN HIS HAND. HE DID NOT EXHIBIT ANY DISCOMFORT TO HIS HEAD REGION OR LOSS OF CONSCIOUSNESS OR DIZZINESS ASSOCIATED WITH THIS. AND PRIMARILY HAD SOME LIMITATION OF MOTION AND PAIN. HE WAS RESTRICTED FROM RETURNING BACK TO COMPETITION FOR THE REMAINING PORTION OF THE GAME. AND POST GAME HE HAS ALMOST A FULL RANGE OF MOTION OF HIS CERVICAL SPINE MUSCULATURE. HIS UPPER EXTREMITY STRENGTH AND REFLEXES ARE SYMMETRICAL.

XRAYS TAKEN ABOUT THE NECK REGION POST GAME SHOW NO MAJOR BONY ABNORMALITIES.

CLINICAL IMPRESSION IS ACUTE POSTERIOR LATERAL CERVICAL MUSCLE STRAIN.

THE PLANS ARE TO USE SOME ICE COMPRESSIVE TREATMENTS FOR THIS AREA, ACTIVE RANGE OF MOTION EXERCISES FOR THIS AREA AND HE'LL BE CHECKED AGAIN TOMORROW BY THE TRAINING STAFF.

ar

MICKELL-0730

A0846

MEDICAL DICTATION .. DR. SCOTT
POST GIANTS GAME
9/10/95 TRANSCRIBED: 9/11/95

DARREN MICKELL

PLAYER IS SEEN POST GAME FOR DISCOMFORT IN THE INFRA----- OF THE LEFT 12TH RIB. THIS HAS BEEN BOTHERING HIM FOR THE PAST 2 WEEKS AND WAS AGGRAVATED IN THE GAME TODAY. HE HAS NOT TAKEN A DIRECT BLOW TO THE AREA ACCORDING TO THE PLAYER. ON EXAM HAS MINIMAL TENDERNESS TO PALPATION ALONG THE INFERIOR ASPECT OF HIS 12TH COSTOCHONDRAL JUNCTION Laterally. THERE IS NO SWELLING OR ECCHYMOTIC CHANGE IN THE AREA.

IMPRESSION: LEFT EXTERNAL OBLIQUE STRAIN AT COSTAL ORIGIN. PLAN #1, PLAYER IS ALREADY ON ENDOSIN SR FOR HIS KNEES. HE WILL CONTINUE WITH HIS TRAINING ROOM MODALITIES AND PROTECTION OF THE AREA AS INDICATED.

ar

MICKELL-0731

A0847

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST OAKLAND RAIDERS GAME
09/17/95 TRANSCRIBED: 09/18/95

DARREN MICKELL - RIGHT ANKLE & FOOT

PLAYER SUSTAINED AN ----- DORSIFLEXION INJURY DURING THE
GAME. HE WAS ABLE TO RETURN TO PLAY. FOLLOWING THE GAME HE HAD
SOME SORENESS OVER THE MEDIAL ASPECT OF HIS ANKLE AND OVER THE
ANTERIOR ----- ASPECT OF HIS ANKLE. MOST OF HIS PAIN WAS
ANTERIOR DELTOID AND OVER THE ANTERIOR AND POSTERIOR TIB FIB
LIGAMENT. HE HAD SOME MILD PAIN WITH EXTERNAL ROTATION. DID NOT
APPEAR TO HAVE ANY MARKEDLY TENDER OVER THE ANTERIOR TALOFIBULAR
LIGAMENT. HIS ACHILLES WAS INTACT. HAD NO PROXIMAL FIBULAR PAIN.
RADIOGRAPHS OF HIS RIGHT ANKLE AND FOOT WERE OBTAINED. THERE IS A
SUGGESTION ON HIS LATERAL FEMORAL ----- A VERY SMALL POSSIBLE
CAPSULAR AVULSION IN THE ANTERIOR ASPECT OF THE TIBIA. THE
REMAINDER OF HIS RADIOGRAPHS WERE ESSENTIALLY NORMAL.

IMPRESSION: PROBABLE SYNDESMOTIC LIGAMENT SPRAIN ANTERIOR DELTOID
SPRAIN. RECOMMEND ICE APPLICATION AND ELEVATION. HAVE RECOMMENDED
ANKLE ORTHOSIS PROTECTION. WILL RECHECK TOMORROW.

ar

MICKELL-0732

A0848

MEDICAL DICTATION ... DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
09/20/95 TRANSCRIBED: 09/21/95

DARREN MICKELL - RIGHT ANKLE

CONTINUES TO BE SORE ANTERIORALLY AND POSTERIORALLY ABOUT HIS ANKLE. HE WAS A BIT SORE STILL WITH PALPATION WITH EXTERNAL ROTATION. HE STILL HAD SOME SORENESS WITH TOE RAISING. WAS ABLE TO GET UP ON HIS TOES TO WALK REAL WELL.

IMPRESSION RESOLVING SYNDESMOTIC SPRAIN. RECOMMEND CONTINUED MODALITY TREATMENT AND ANKLE REHAB PROGRAM. WILL CONTINUE TO FOLLOW HIS PROGRESS.

ar

MICKELL-0733

A0849

MEDICAL DICTATION .. DR. SCOTT

9/27/95

TRANSCRIBED: 10/07/95

DARREN MICKELL

PLAYER SEEN IN FOLLOWUP FOR HIS RIGHT ANKLE. HE PARTICIPATED IN SHELLS AT PRACTICE TODAY. FEELS HE IS IMPROVING. HOWEVER, WAS SOME SORENESS PRIMARILY IN THE POSTERIOR LATERAL ASPECT OF HIS ANKLE PARTICULARLY WHEN HE GETS UP ON HIS TOES. EXAM REVEALS MILD RESIDUAL ANKLE SWELLING. MINIMAL SYNDESMOTIC TENDERNESS. POSTERIOR LATERAL DISCOMFORT WITH HEEL RAISE. THERE IS TENDERNESS ALONG THE PERONEAL TENDON SHEATH POSTERIOR LATERAL TO THE FIBULA. THERE IS DISCOMFORT WITH RESISTED EVERSION PLANTARFLEXION OF THE FOOT.

PLAYER WILL CONTINUE WITH HIS TRAINING ROOM MODALITIES. HE CURRENTLY IS USING A SOFT CAST STIRRUP TYPE SPLINT FOR PROTECTION. HE WILL CONTINUE WITH A SHORT COURSE OF ENDOSIN SR. AND PROGRESS WITH PARTICIPATION AS TOLERATED.

ar

MICKELL-0734

A0850

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST ARIZONA CARDINALS
10/01/95 TRANSCRIBED: 10/02/95

DARREN MICKEL - RIGHT ANKLE

PLAYER DID WELL FOR MOST OF THE GAME. HOWEVER, ON ONE PARTICULAR
PLAY SUSTAINED A REINJURY TO HIS RIGHT ANKLE WHICH AT THE TIME WAS
EXTREMELY SORE, HOWEVER, BY THE END OF THE GAME HE HAD WALKED HIS
INJURY OFF AND HAD RELATIVELY MILD SORENESS. HE HAD NOT RE-
DEVELOPED ANY SWELLING. HIS SORENESS WAS STILL PRINCIPALLY OVER
THE DISTAL SYNDESMOSIS ----- MEDIAL SIDED PAIN ACUTELY NOR ANY
PROXIMAL FIBULAR PAIN.

IMPRESSION IS RESOLVING SYNDESMOTIC LIGAMENT SPRAIN. RECOMMEND
CONTINUED ICE, ELEVATION.

ar

MICKELL-0735

A0851

MEDICAL DICTATION .. DR. JON BROWNE
TRAINING ROOM EXAMS - ARROWHEAD
10/05/95 TRANSCRIBED: 10/11/95

DARREN MICKELL

PLAYER IS SEEN IN FOLLOWUP FOR HIS RIGHT ANKLE SPRAIN DISTAL SYNDESMOTIC. HIS TENDERNESS IS STILL LOCALIZED TO THIS REGION. HE DOES NOT HAVE ANY INCREASED INVERSION LAXITY OR ANY ANTERIOR INTERNAL DRAWER SIGN.

THERE IS A SYMMETRICAL RANGE OF MOTION AND THE TENDERNESS IS ALL LOCALIZED TO JUST PROXIMAL TO THE ANTERIO TIB FIB JOINT REGION OVER THE DISTAL SYNDESMOTIC AREA.

THE PLANS ARE TO USE THE COMPRESSIVE WRAPPING AND CONTRAST ICE TREATMENT PROGRAM AND STRENGTHENING STRETCHING EXERCISES WITH PROTECTIVE BRACING AND PADDING. AND HE'LL BE CHECKED AGAIN LATER THIS WEEKEND PRIOR TO THE GAME OR SOONER IF NECESSARY.

ar

MICKELL-0736

A0852

MEDICAL DICTATION .. DR. SCOTT
POST SAN DIEGO GAME
10/09/95 TRANSCRIBED: 10/11/95

DARREN MICKELL

PLAYER SEEN FOR HIS LEFT SHOULDER. HE SUSTAINED AN INJURY TO IT IN THE FIRST HALF. DESCRIBES A DIRECT BLOW TO THE ANTERIOR ASPECT OF THE SHOULDER. HE HAD PAIN PRIMARILY DEEP WITHIN THE AXILLARY REGION INITIALLY. SAYS HE HAD TINGLING IN HIS DIGITS THAT WAS ONLY TRANSIENT. HIS SHOULDER DISCOMFORT INITIALLY IMPROVED. HE PLAYED AGAIN AND THE SORENESS SEEMED TO WORSEN. ON EXAM HE ACTIVELY LACKS ABOUT 15 TO 20 DEGREES OF FORWARD FLEXION AND 15 DEGREES OF EXTERNAL ROTATION. INTERNALLY ROTATES TO THE LEFT SI JOINT. THERE IS NO LOCALIZED TENDERNESS ELICITABLE. THERE IS A REPRODUCEABLE POSTERIOR APPREHENSION SIGN BOTH WITH POSTERIOR TRANSLATION AND THE 90 DEGREE ABDUCTED POSITION AND IN THE INTERNAL ROTATION ADDUCTED POSITION. NEGATIVE ANTERIOR APPREHENSION SIGN. SLIGHTLY GREATER POSTERIOR LAXITY DETECTED ON THE LEFT SIDE COMPARED TO THE RIGHT. ROTATOR CUFF STRENGTH TESTING REVEALS 4 OVER 5 EXTERNAL ROTATION AND SUPRASPINATUS STRENGTH AND 4+ OVER 5 INTERNAL ROTATION STRENGTH. ABDUCTION STRENGTH IS GRADED AT 5 OVER 5 REMAINING WITH UPPER EXTREMITY MOTOR TESTING IS 5 OVER 5. LEFT SHOULDER RADIOGRAPHS SUGGEST FLATTENING OF THE ANTERIOR ASPECT OF THE HUMERAL HEAD POSSIBLY REPRESENTING A REVERSE HILL SAKS (?) LESION. THERE IS ALSO A CALCIFIC FLECK POSTERIOR TO THE GLENOID THAT MAY REPRESENT A REVERSE BANKHART (?) LESION.

IMPRESSION #1: PROBABLE POSTERIOR SUBLUXATION EPISODE LEFT SHOULDER. PLAN #1: SLING AND PILLOW TONIGHT TO MAINTAIN IN SLIGHT EXTERNAL ROTATION. ICE APPLICATION IN TRAINING ROOM NOW IN A.M. WILL SCHEDULE MRI ----- AND CONTRAST TO ASSESS HIS CAPSULAR -----STRUCTURES.

ar

MICKELL-0737

A0853

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
10/11/95 TRANSCRIBED: 10/12/95

DARREN MICKELL - LEFT SHOULDER

PLAYER HAD LESS DISCOMFORT TODAY. HAVE REVIEWED HIS LEFT SHOULDER MRI WHICH SHOWS EVIDENCE OF SUBSTANTIAL ACUTE INJURY WITH -----
- CONTUSION OF HIS POSTERIOR GLENNOID, EVIDENCE OF MARKED POSTERIOR CAPSULAR STRIPPING. ALSO HAS WHAT APPEARS TO BE A TYPE 3 ANTERIOR CAPSULAR ATTACHMENT.

IMPRESSION: LEFT SHOULDER PROBABLE ACUTE POSTERIOR SUBLUXATION, POSSIBLE DISTAL POSTERIOR DISLOCATION AND SPONTANEOUS REDUCTION. WILL KEEP HIM IN A IMMOBILIZER WITH HIS SHOULDER IN SLIGHT EXTENSION AND INTERNAL ROTATION OF HIS SHOULDER. WILL CONTINUE TO FOLLOW HIS PROGRESS WITH THIS IMMOBILIZATION. HAVE DISCUSSED WITH HIM AT SOME LENGTH THE NATURAL HISTORY OF THIS TYPE PROBLEM AND WE'LL SEE HIM BACK OVER THE NEXT SEVERAL DAYS.

ar

MICKELL-0738

A0854

OCT 11 '95 13:38 FROM ORTHO SPORTS
OCT 11 '95 12:52 TELERADIOLOGY*PENNY JAG

TO JAVE

PAGE.001

P.2

PATIENT NAME	DATE OF BIRTH	AGE	SEX	MEDICAL RECORD	EXAM DATE
MICKELL, DARREN	[REDACTED]	70	25Y M	01224508	11-Oct-95
PATIENT LOCATION					
KANSAS CITY					
REQUESTING PHYSICIAN	RADIOLOGY ONLY				

IMAGING, KANSAS CITY

TELERAD MR MUSC

Acc #: 1717448

Associated exams:

Admitting Diagnosis:

History:

LT.SHOULDER-

COMMENT: THE MRI SCAN OF THE LEFT SHOULDER WAS PERFORMED AT MR INSTITUTE OF GREATER KANSAS CITY ON 10-10-95, PER THE REQUEST DR. BROWNE. THE STUDY ARRIVED AT HUP ON 10-11-95, FOR INTERPRETATION. A SPIN ECHO PROTON-DENSITY AND T2 WEIGHTED OBLIQUE CORONAL, OBLIQUE SAGITTAL, AND AXIAL SEQUENCES. AN ADDITIONAL. SPINE PROTON-DENSITY AND T2 WEIGHTED AXIAL SEQUENCES WERE PERFORMED WITH THE LEFT SHOULDER IN EXTERNAL ROTATION.

THE ACROMIOCLAVICULAR JOINT IS NORMAL. A TYPE II ACROMION IS IDENTIFIED. THERE IS NO FLUID IN THE SUBACROMIAL-SUBDELTOID BURSA.

POSTERIOR TO THE ROTATOR INTERVAL, THERE IS MILD INCREASED SIGNAL INTENSITY IN THE ROTATOR CUFF, ON THE PROTON-DENSITY WEIGHTED SEQUENCE. ON THE T2 WEIGHTED SEQUENCE, THERE IS NO FOCAL PARTIAL OR FULL THICKNESS CUFF TEAR. MILD EDEMA IS NOTED WITHIN THE INFRASPINATUS MUSCLE POSTERIOR TO THE GLENOID RIM. THIS IS NOTED ON AXIAL IMAGES 15 AND 16 ON SERIES B.

THERE IS A TEAR IN THE POSTERIOR JOINT CAPSULE OF THE GLENOHUMERAL JOINT, WITH FLUID EXTENDING THROUGH THE CAPSULE AND ABUTTING THE DORSAL MARGIN OF THE NECK OF THE SCAPULA. THERE IS ALSO A TEAR OF THE POSTERIOR GLENOID LABRUM, DELINEATED ON AXIAL IMAGES 17 THROUGH 21 ON SERIES B. FLUID EXTENDS THROUGH THE BASE OF THE LABRUM. THE LABRUM IS NOT DISPLACED. REDUNDANCY OF THE ANTERIOR JOINT CAPSULE IS NOTED. THE ANTERIOR LABRUM APPEARS INTACT. A SMALL AMOUNT OF PARTICULATE MATERIAL ABUTS THE ANTERIOR LABRUM. THE SUPERIOR LABRUM IS INTACT. THE BICIPITAL TENDON AND GROOVE ARE NORMAL. MILD EDEMA IS IDENTIFIED WITHIN THE CANCELLOUS BONE OF THE ANTEROMEDIAL MARGIN OF THE HUMERAL HEAD AND ALSO IN THE BASE OF THE LESSER TUBEROSITY. THIS IS NOTED ON AXIAL IMAGES 16 AND 17 ON SERIES B. A FOCAL DEFECT IN THE CORTEX IS NOT IDENTIFIED. THERE IS A LARGE EFFUSION IN THE GLENOHUMERAL JOINT.

IMPRESSION:

1. ACUTE TEAR OF THE POSTERIOR JOINT CAPSULE OF THE SHOULDER JOINT ASSOCIATED WITH FLUID EXTENDING FROM THE JOINT INTO THE ADJACENT SOFT

RADIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

MICKELL-0739

A0855

OCT 11 '95 13:39 FR ORTHO SPORTS
OCT 11 '95 12:52 TELE-RADIOLOGY-PENNSLAAS

TO RUE

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01224508-0

PATIENT NAME	DATE OF BIRTH	AGE	SEX	MEDICAL RECORD	EXAM DATE
MICKELL, DARREN	70	25Y	M	01224508	11-Oct-95
PATIENT LOCATION					
KANSAS CITY	RADIOLOGY ONLY				
REQUESTING PHYSICIAN	EXAM				

IMAGING, KANSAS CITY

TELERAD MR MUSC

Acc #: 1717448

TISSUES DORSAL TO THE NECK OF THE SCAPULA. A TEAR OF THE POSTERIOR GLENOID LABRUM IS ALSO PRESENT. MILD EDEMA IS IDENTIFIED IN THE INFRASPINATUS MUSCLE POSTERIOR TO THE GLENOID RIM. THIS IS MOST LIKELY SECONDARY TO A DIRECT CONTUSION FROM THE POSTERIOR SUBLUXATION OR DISLOCATION OF THE HUMERAL HEAD. IT IS ALSO MAY BE DUE TO ECCENTRIC OVERLOAD OF THE MUSCLE. THERE IS AN OSSEOUS CONTUSION LOCATED IN THE ANTEROMEDIAL MARGIN OF THE HUMERAL HEAD AND THE ADJACENT BASE OF THE LESSER TUBEROSITY. THE LOCATION WOULD BE COMPATIBLE WITH AN IMPACTION INJURY SECONDARY TO A POSTERIOR HUMERAL HEAD SUBLUXATION OR DISLOCATION. REDUNDANCY OF THE ANTERIOR JOINT CAPSULE IS NOTED. THERE IS NO EVIDENCE OF A TEAR OF THE SUPERIOR OR ANTERIOR LABRUM. A LARGE JOINT EFFUSION IS IDENTIFIED WITHIN THE GLENOHUMERAL JOINT.

NO FOCAL PARTIAL OR FULL THICKNESS ROTATOR CUFF TEAR. MILD INCREASED SIGNAL INTENSITY IS NOTED WITHIN THE ROTATOR CUFF.

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RADIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

Approved by:

Richard Herzog, MD /signed by/ Richard Herzog, MD

Transcribed on: 11-Oct-95 12:03 PM by Clay A Carn

Last Edited on: 11-Oct-95 12:04 PM by Clay A Carn

Finalized on: 11-Oct-95 12:43 PM by Richard Herzog, MD

C O P Y

MICKELL-0740

A0856

MEDICAL DICTATION .. DR. JON BROWNE
POST NEW ENGLAND GAME
10/15/95 TRANSCRIBED: 10/16/95

DARREN MICKELL

PLAYER WAS SEEN IN FOLLOWUP FOR HIS LEFT POSTERIOR -----
SUBLUXATION. HE'S HAD QUITE A BIT LESS DISCOMFORT FROM HIS LAST
VISIT A COUPLE OF DAYS AGO IN THE TRAINING CENTER. HE CURRENTLY
STILL HAS A LITTLE BIT OF POSTERIOR INFERIOR AXILLARY PAIN BUT HE
HAS GOOD FORWARD FLEXION AND POSTERIOR EXTENSION, AND ABDUCTION OF
HIS SHOULDER OUT TO 90 DEGREES. THERE IS NO DISCOMFORT TO THE
SHOULDER AREA ITSELF IN TERMS OF ROTATION AT LEAST WITH THE ARMS
KEPT DOWN AT HIS SIDE. HIS EXTERNAL ROTATION IS PAINFUL IN HIS
POSTERIOR ROTATOR CUFF AREA. INTERNAL ROTATION IS NOT BOTHERSOME.

THE PLANS ARE TO CONTINUE WITH HIS SLING IMMOBILIZATION, BUT WE'LL
ALLOW HIM TO INCREASE HIS RANGE OF MOTION EXERCISE TREATMENT
PROGRAM WITH PENDULUM AND START SOME LIGHT STRENGTHENING EXERCISES
FOR HIS DISTAL FOREARM, ELBOW MUSCULATURE. WE'LL ALSO GIVE HIM THE
OKAY FOR WORKING WITH AN AIRODYNE BIKE TO MAINTAIN SOME
CARDIOVASCULAR FITNESS. BUT TO NOT USE HIS LEFT UPPER EXTREMITY
DURING THIS PERIOD OF TIME.

WE'LL CHECK HIM AGAIN IN REGULAR VISIT IN THE TRAINING CENTER LATER
THIS WEEK.

ar

MICKELL-0741

A0857

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM NOTES
10/19/95 TRANSCRIBED: 10/20/95

DARREN MICKELL - LEFT SHOULDER

PLAYER TODAY HAD ACTIVE ELEVATION TO APPROXIMATELY 130 DEGREES
WITHOUT TOO MUCH PROBLEMS. WILL CONTINUE TO RECOMMEND
IMMOBILIZATION FOR THE NEXT SEVERAL DAYS UNTIL EARLY NEXT WEEK WHEN
I ANTICIPATE BEGINNING A GENTLE STRENGTHENING PROGRAM WITH EARLY
EMPHASIS ON BELOW (?) HORIZONTAL ROTATION.

ar

MICKELL-0742

A0858

MICKELL, DARREN (NMI)

10-24-95: The player is seen in followup today for his left shoulder injury. He still is experiencing some tenderness along the inferior posterior axillary fold with protraction of the shoulder forward and in the posterior extension phase. There is no demonstrable weakness though to external or internal rotation or abduction against resistance.

The plans are to allow the player to increase his running workout activities, which he started yesterday without difficulty. He will also be allowed to increase dumbbell and sport cord/theraband tubing for workouts with his upper extremity. He is to stay out of any contact drills at this point.

The player will be checked again next week at the Training Center, and we will be in touch with the Training Staff today with regard to our recommendations to a continuing treatment program. J.E. Browne, M.D./rm

10-24-95: cc/Dave Kendall - Chiefs. JEB:rm

MICKELL-0743

A0859

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM NOTES
11/01/95 TRANSCRIBED: 11/02/95

DARREN MICKELL - LEFT SHOULDER

PLAYER INDICATES HE'S DOING VERY WELL. HE FEELS GOOD AND THAT HIS SHOULDER IS NOT PAINFUL AT THE MOMENT. HE'S ABLE TO DO MOST OF HIS SIMULATED PRACTICE ACTIVITIES WITHOUT PAIN. ON EXAM TODAY HE HAD ESSENTIALLY FULL MOTION. HE HAD EXCELLENT STRENGTH TO RESISTED TESTING IN ALL PLANES WITHOUT ANY DEMONSTRABLE WEAKNESS. I COULDN'T DEMONSTRATE ANY SIGNIFICANT PAIN OR APPREHENSION WITH POSTERIOR DIRECTED HUMERAL HEAD FORCES TODAY. DID NOT APPEAR TO HAVE ANY APPREHENSION. I COULDN'T REPRODUCE ANY SIGNIFICANT CLUNK (?) TODAY. PROGRESS TO DATE IS QUITE GOOD AND WE'LL CONTINUE WITH HIS STRENGTHENING AND GRADUAL RETURN TO PRACTICE.

ar

MICKELL-0744

A0860

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST WASHINGTON REDSKINS
11/05/95 TRANSCRIBED: 11/06/95

DARREN MICKELL - LEFT SHOULDER

PLAYER DID NOT PARTICIPATE IN THE GAME TODAY. HE INDICATES HE'S CONTINUING TO DO WELL. HE HAS FULL FORWARD ELEVATION OF HIS SHOULDER. FULL EXTERNAL ROTATION AND TRUNK ROTATION. EXCELLENT STRENGTH IN ALL PLANES. I COULD PRODUCE MINIMAL PAIN WITH POSTERIOR DIRECTED HUMERAL HEAD FORCES. PLAYER AT THIS POINT SEEMS TO BE PROGRESSING QUITE WELL. HE FEELS LIKE HE'S DOING WELL ENOUGH AND INDICATES THE DESIRE TO RETURN TO PRACTICE AND WOULD FEEL LIKE HE CAN INCREASE HIS PRACTICE ACTIVITIES AS HIS SYMPTOMS ALLOW.

ar

MICKELL-0745

A0861

MEDICAL DICTATION .. DR. SCOTT
TRAINING ROOM VISIT
11/08/95 TRANSCRIBED: 11/09/95

DARREN MICKELL

PLAYER SEEN IN FOLLOWUP FOR HIS LEFT SHOULDER. REPORTS HE HAS ONLY MINIMAL RESIDUAL DISCOMFORT IN THE AXILLARY AREA WITH ARM ELEVATION. THE PRACTICED IN FULL PADS TODAY AND SAYS HE HAD NO PROBLEMS. HE'S PRIMARILY BEEN CONCENTRATING ON THERABAND STRENGTHENING FOR HIS ROTATOR CUFF. HAS NOT DONE FREE WEIGHTS YET. HE IS APPROXIMATELY 4 AND 1/2 WEEKS POST INJURY NOW. ON EXAM TODAY HE HAS FULL ACTIVE RANGE OF MOTION OF THE LEFT SHOULDER. THERE IS NO TENDERNESS IN THE AXILLA OR ABOUT THE SHOULDER. MILD DISCOMFORT WITH POSTERIOR APPREHENSION TESTING BUT NO TRUE APPREHENSION SIGN. HE HAS 4 OVER 5 SUPRASPINATUS STRENGTH. ADDUCTION, EXTERNAL, AND INTERNAL ROTATION STRENGTH IS 5 OVER 5.

PLAYER WILL PROGRESS WITH HIS ROTATOR CUFF STRENGTHENING. WE WILL BEGIN ADDITIONAL UPPER BODY WEIGHT LIFTING AS TOLERATED. HE WILL PROGRESS WITH PARTICIPATION AS TOLERATED. WILL CONTINUE WITH HIS TRAINING ROOM MODALITIES.

ar

MICKELL-0746

A0862

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
ORTHOPEDIC EXAMINATIONS - LOCKER ROOM VISIT
11/15/95 TRANSCRIBED: 11/16/95

DARREN MICKELL - LEFT SHOULDER

PLAYER INDICATES HE WAS GETTING ALONG WELL AND HAD NOT HAD REALLY NEW INJURIES DURING THE LAST GAME. BUT TODAY HE WAS BLOCKING A BLOCKING DUMMY WITH HIS ARM OUTSTRETCHED AND FELT A SLIGHT POSTERIOR SORENESS ALTHOUGH HE DID NOT FEEL ANYTHING SLIP OUT OF PLACE. TODAY HE STILL HAD FULL SHOULDER MOTION WITH GOOD STRENGTH IN ALL PLANES AND I COULDN'T PRODUCE SIGNIFICANT PAIN WITH POSTERIOR INSTABILITY TEST. HAVE SUGGESTED THAT HE MODIFY SOME OF HIS PRACTICE ACTIVITIES, CONTINUE WITH HIS EXERCISE STRENGTHENING. WE'LL CONTINUE TO SEE HOW HE GETS ALONG OVER THE NEXT FEW DAYS.

ar

MICKELL-0747

A0863

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST MIAMI GAME
12/11/95 TRANSCRIBED: 12/12/95

DARREN MICKELL

PLAYER INDICATES THAT HE SUSTAINED A MILD INJURY TO HIS LEFT SHOULDER DURING THE GAME IN OAKLAND A WEEK AGO. HE HAD NOT BEEN SEEN BY THE MEDICAL STAFF FOLLOWING THE GAME. APPARENTLY HAD DESCRIBED SOME MILD SORENESS ON MONDAY AFTER THE GAME. HOWEVER HAD NOT RECEIVED TREATMENT THROUGH THE WEEK AND HAD NOT BEEN SEEN BY ME ON THURSDAY WHEN I HAD SEEN THE PLAYERS. TODAY I EXAMINED HIM - IS LOCALLY SORE OVER THE AC JOINT. HE HAD PAIN WITH CROSS CHESTED ADDUCTION BUT OTHERWISE HAD FULL RANGE OF MOTION, EXCELLENT STRENGTH IN ALL PLANES. HIS LEFT AC JOINT WAS INJECTED AT THE PLAYER'S REQUEST WITH MARCAINE AND EPINEPHERINE. IT WAS DONE UNDER STERILE CONDITIONS. THE PLAYER TOLERATED THE INJECTION WELL. HAD RELIEF OF HIS PAIN FOLLOWING THE INJECTION.

ar

MICKELL-0748

A0864

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST DENVER GAME
12/17/95

TRANSCRIBED: 12/18/95

DARREN MICKELL

HE INDICATES HIS RIGHT AC JOINT AREA HAS BEEN ESSENTIALLY IMPROVED WITH MINIMAL SORENESS ALTHOUGH HE IS GETTING SOME SORENESS JUST SUPERIOR MEDIAL TO THE SCAPULAR AREA AND ALMOST A TRIGGER POINT TYPE PAIN IN THIS AREA. HE HAD GOOD FULL MOTION, GOOD STRENGTH IN ALL PLANES. RIGHT THIGH TODAY HE SUSTAINED A DIRECT BLOW TO HIS MID QUAD RIGHT OVER HIS RECTUS FEMORUS AND WAS SLIGHTLY SORE TO TOUCH IN THAT AREA. HE HAD FULL KNEE FLEXION, GOOD STRAIGHT LEG ABILITY.

IMPRESSION QUAD CONTUSION WITHOUT PALPABLE DEFECT OR SIGNIFICANT SWELLING. AT THIS POINT RECOMMEND ICE APPLICATION IN A FLEXED KNEE POSTURE. RECHECK TOMORROW.

ar

MICKELL-0749

A0865

MEDICAL DICTATION . . . DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
12/20/95

TRANSCRIBED: 12/21/95

DARREN MICKELL

PLAYER INDICATES HIS RIGHT AC JOINT CONTINUES TO IMPROVE AND HE HAS MINIMAL CHANGE IN THE EXAM. HE HAD MILD SORENESS, EXCELLENT MOTION AND STRENGTH. HE INDICATES THAT HE DIDN'T PRACTICE TODAY BECAUSE OF SOME SORENESS IN HIS RIGHT TO MID QUAD. TODAY ON EXAM HE HAD NO PALPABLE DEFECTS, NO SWELLING, HE HAD FULL KNEE MOTION. HE HAD SOME SORENESS WITHOUT WEAKNESS TO RESISTED KNEE EXTENSION STRAIGHT LEG.

IMPRESSION RESOLVING RIGHT QUAD CONTUSION. RECOMMEND CONTINUED MODALITY TREATMENT AND STRENGTHENING.

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MICKELL-0750

A0866

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MICKELL, DARREN

Date	Comments
2/06/95	2/6-10/95 RT. WRIST TALKING TO MARTY. STILL HAS SORENESS OF WRIST. I'VE CALLED HIM, WE'LL BRIN G HIM TO K.C. NEXT WK. TO BE EVAL'D BY DR. BROWNE. THO HE STATES NOW HIS WRIST FEELS BETTER.
2/13/95	2/13-17/95 RT. WRIST SEEN BY DR. BROWNE THIS WK. FOLLOWUP EXAM FOR SORENESS. HAD MRI EXAM WHIC H DR. BROWNE REPORTED NEGATIVE TUE. A.M. ALSO HAD SOME COMPLAINTS ABOUT HIS KNEES AND POSSIBLY WANT ING TO GET KNEES SCOPED, BUT WAS TO COME SEE ME TUE. & WED., HAD APPT. W/NFL DRUG PEOPLE THUR. AS OF THIS DICTATION LATE FRI. P.M. TRYING TO REACH HIM TO HAVE HIM REPORT TO ME AND/OR TALK TO ME TO F IND OUT ABOUT POSSIBILITY OF GETTING KNEE SCOPED. WILL CONT. TO TRY & REACH HIM OVER WKEND.
2/20/95	2-20/24/95 BOTH KNEES I'VE BEEN TRYING TO REACH ALL WK, WED. FINALLY ABLE TO REACH HIM. SET HIM HIS TIME SLOTS FOR DR. BROWNE FOR PERFORM SURG. ON BILATERAL KNEE MON FOR DEBREMMENT. DARRELL IS AGREEABLE TO THIS. I WILL CONT. TO CALL OVER WKEND TO MAKE SURE HE ARVS. IN K.C.
2/27/95	2-27-3-3/95 BOTH KNEES SURG. SCH'D FOR MON. THIS WK CANCELLED BY HIM. MARTY TALKED W/HIM & WILL TRY TO REACH RE. SURG. CANNOT BE PUT OFF MUCH LONGER. WILL KEEP IN CONTACT REMAINDER OF WK.
3/06/95	3-6-3-10/95 BOTH KNEES FINALLY GOT HIM IN TOWN MON., SURG. DONE TUE. DISMISSED WED. THUR & FRI . HE CAME FOR TREATMENT. HAD GD. ROM. WE STARTED W/NONWT.BEARING STRAIT LEG RAISE. PORTALS LX. GD . W/OUT SIGNS OF INFECTION. PROB. BE OFF CRUTCHES MON.
3/13/95	3-13-17-95 BOTH KNEES CONT. REHAB. MOTION, STRAIT LEG RAISING EXER. 5 LB. 1 SET OF 25 & 1 SET OF 15 W/10 SEC. HOLDS. WE WILL INCREASE WT. NEXT WK. GOOD WEEK OF REHAB.
3/20/95	3-27-31-95 BOTH KNEES REPORTS DAILY FOR TREATMENT & REHAB., FRI. ILL & PERFORMED LIFTING ONLY, N O CONDITIONING WORK, VAGUE SYMPTOMS BUT MORE OF A HEAD COLD & HIS WTS. WERE DOWN, THRUOUT WK. EXCEPT FOR FRI. STRAIT LEG RAISE 10 LBS. 25 REPS. W/10 SEC.HOLDS, AIRODYNE 10 MINS. & COMING BACK W/10 LBS . 20 REPS. W/10 SEC.HOLDS, INCREASED TO 15 LB. WED. HE CONT. TO MAKE SLOW BY STEADY PROGRESS
3/21/95	3-20-24-95 BOTH KNEES REPORTED TO T.R. EVERY DAY, DID CORRECTIVE EXER. CONSISTING OF STRAIT LEG RAISES W/10 LB. 10 REPS. W/10 SEC.HOLDS. MOTION EXER. AIRODYNE BIKE W/ARMS ONLY FOR 20 MINS. FOR C ARDIOVASCULAR CONDIT., STRAIT LEG RAISES 2ND X 10 LB. X'S 20 REPS. W/10 SEC. HOLDS. REC'D ICE & MUS CL-STEM AFTER ROUTINE. SAME ROUTINE EVERY DAY THIS WK.
4/03/95	4-3-7-95 BOTH KNEES CONT. TREATMENT & REHAB. STRAIT LEG RAISE 15 LB. 25 X'S 1, BIKING, AIRODYNE ONLY. REPEATING STRAIT LEG RAISE 15 REPS. X'S 1 SET W/10 SEC.HOLDS & OTHER UPPER EXTREMITY LIFTING NG HAMSTRING CURLS, POOL RUNNING, 4 WAY HIP & CATBOARD EXER.
4/10/95	4-10-14-95 BOTH KNEES REPORTS DAILY FOR TREATMENT & REHAB., STRAIT LEG RAISE 20 LB. 25 REPS. W/1 0 SEC.HOLDS. PERFORMS WTS., 4 WAY HIP, CATBOARD EXER, HAMSTRING CURLS, THEN COMPLETES W/STRAIT LEG RAISE 15 REPS. X'S 1 SET BOTH LEGS, PERFORMS 20 MINS. POOL WK. & RUNNING IN POOL NONWT.BEARING, PERF ORMS THESE DAILY ALONG W/HIS ROUTINE UPPER EXTREMITY LIFTING.
4/17/95	4/17-21/95 BOTH KNEES CONT. STRAIT LEG RAISE 20 LB. 30 REPS. X'S 1, 4WAY HIP, HAMSTRING CURLS, C APBOARD, POOL RUNNING AND UPPER EXTREMITY LIFTING. HE REPORTS MON. THRU THUR. FRI HAD TO GO HOME BU T IS SHOWING SIGNS OF IMPROVEMENT, FLUID KNEES DECREASING.
4/24/95	4/24-28/95 BOTH KNEES OUT MON. CAME IN TUE, 20 LB. STRAIT LEG RAISE 25 REPS. W/10 SEC.HOLDS, WT S, 4 WAY HIP, HAMSTRING CURLS, 20 MIN. POOL RUNNING, ANOTHER BOUT OF 20 LB. STRAIT LEG RAISES 15 X'S 1. DOING WELL IN REHAB. TO DATE.
4/28/95	4/28/95 MINI CAMP BOTH KNEES NO ACTIVITY. MISSED BOTH PRAC'S.
4/29/95	4/29/95 NO ACTIVITY. MISSED BOTH PRAC'S.
4/30/95	4/30/95 NO ACTIVITY. MISSED BOTH PRAC'S.
5/01/95	5/1-5/95 TREATMENT MON-TUE-WED., STRAIT LEG RAISE 25 LB. 6 REPS W/10 SEC.HOLDS. THESE EXER. THRUOUT WK. GONE THUR & F POOL RUNNING, STRAIT LEG RAISE 25 LB. 6 REPS W/10 SEC.HOLDS. THESE EXER. THRUOUT WK. GONE THUR & F RI, WILL RET. MON.
5/08/95	5/8-12/95 BOTH KNEES MON. DID NOT RET AS I ADVISED BUT DID TUE. STRAIT LEG RAISE 20 LB. 20 REPS W/10 SEC.HOLDS, UPPER EXTREMITY LIFTING, HAMSTRING 4WAY HIP, 25 LB. STRAIT LEG RAISE 6 SETS OF 1 REP W/10 SEC.HOLDS, CAPBOARD, POOL RUNNING 20 MIN. MAKING SLOW BUT STEADY PROGRESS I FEEL IN HIS REHAB.
5/15/95	5/15-19/95 BOTH KNEES CONT REHAB, STRAIT LEG RAISE 20 LB. 20 SETS W/10 SEC.HOLDS. 4WAY HIP, HAMS TRING CURLS, CALF RAISES, LEG PRESS BEGUN 30 DEG. TO ZERO 3 SETS 15 AT 75 LB., EXT. 20 DEG. TO ZERO

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80R
1/22/96
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MICKELL, DARREN

Date	Comments
5/22/95	3 SETS 12 AT 30 LB., POOL RUNNING. KNEES SLIGHT SORE POST INCREASED ACTIVITY, NO MORE FLUID CAUSE OF WORKING OUT AND I THINK IS MAKING STEADY BUT SLOW PROGRESS.
5/29/95	5/22-26/95 BOTH KNEES REHAB, STRAIT LEG RAISE 20 LB. 20 REPS W/10 SEC. HOLDS, 25 LB. 8 REPS. W/1 W/10 SEC. HOLDS, 125 LB. LEG PRESS, 4WAY HIP & CALF. GD. WK OF REHAB. CONT SLIGHT SORENESS DURING SO ME ACTIVITY, BUT DOES NOT DEVELOP FLUID.
6/05/95	5-29-6-2-95 BOTH KNEES SCH'D REPORT TO KC TUE. BUT FAILED TO REPORT. MARTY NOTIFIED. WED. CAME IN, STRAIT LEG RAISE 20 LB. 20 REPS W/10 SEC. HOLDS, 4 WAY HIP EXT, LEG PRESS CURLS & CALF RAISES. W E INCREASED WTS. ON LEG. PERFORMED 25 LB. STRAIT LEG RAISES 6 REPS W/10 SEC. HOLDS., 20 MIN. POOL RU NNING. MAKING GD. BUT SLOW PROGRESS. FRI OUT OF TOWN.
6/12/95	6-5-9-95 BOTH KNEES IN MIAMI. MON. CALLED HIM. TUE CALLED STATING IN WED. REINSTITIT'D REHAB WED. W/STRAIT LEG RAISE 20 LB. CONT WORKOUT AS BEFORE. SHOWING SLOW PROGRESS. THUR. I LET HIM WORK ON FIELD ON TURF & SORENESS FRI. BUT NO FLUID ACCUMULATION.
6/19/95	6-12/16-95 CONT REHAB., STRAIT LEG RAISE 20 LB. 25 X'S 1 W/10 SEC. HOLDS. 25 LB. 8 X'S 1 W/10 SEC. HOLDS. PERFORMS LEG WTS. ON CARD INCLUD. 4 WAY HIP CURLS, EXT. & LEG PRESS. SHOWING GD. SIGNS I THINK AT SOMETIMES DOESN'T WORK AS HARD BUT I THINK RECOVERING NORMAL AT THIS TIME.
6/26/95	6-19/23-95 OUT OF TOWN. CALLED MON. LATE, ADVISED HE MITE BE BACK LATER IN WK. WED. TOLD ME WOULD BE GONE ALL WK. TOLD MARTY & CARL.
7/03/95	6/26-30/95 BOTH KNEES REPORTED DAILY XCEPT WED. (ILL). THUR WORKOUT CURTAILED CAUSE OF FLU. CONT STRAIT LEG RAISE 20 LB. 20 REPS X'S 1 W/10 SEC. HOLDS, 25 LB. 8 X'S 1 W/10 SEC. HOLDS. LEG WTS. IN CLSVE OF HIP SLED, EXT. CURLS, 4 WAY HIP & CALF, CATBOARD, POOL & BIKING EXER. BIODIX FRI. SHOWING 15% DEFICIT TO LR. SIDE. LT. KNEE LITTLE MORE SORE WHEN HE PERFORMED THESE EXER BUT STRENGTH BETTER T HAN I WOULD HAVE ANTICIPATED, ESP. TORQUE IN RELATION TO BODY WT. AT THAT SPD. LOOKS AS THO MAKING G OOD PROGRESS W/VERY LITTLE EFFUSION ABOUT KNEE.
7/24/95	7/3-7/95 BOTH KNEES REPORTED TO T.R. THUR & FRI. MON & TUE HOLIDAYS. NO SHOW WED. FOR SCH'D WO RKOUT. THUR STRAIT LEG EXER W/20 LB. 30 X'S 1 SET ON BOTH KNEES, WTS ON CARD, PATTERN RUN X'S 2, TH EN ANOTHER SET OF STRAIT LEG RAISES W/25 LBS REPS 8 X'S 1. FRI. SAME WORKOUT EXCEPT PATTERN RUN EXT ENDED TO SETS OF 3.
7/25/95	BOTH KNEES & LOW BACK CONT TO COMPLAIN OF SORENESS LOW BACK, EXAM NORMAL. AFTER AM PRAC. SLIGHT A MT. FLUID RT. KNEE WHICH STILL SHOWED IN PM. OTHER THAN THAT KNEES HAVE SORENESS, RT MORE THAN LT T ODAY. ALSO HAD SLIGHT STOMACH VIRUS FROM SAT. NITE WHICH CARRIED INTO LAST NITE. GIVEN MODIUM. HAD D IARRHEA AFTER AM PRAC., NOT LOST TOO MUCH FLUID. LIM'D BOTH PRAC.
7/26/95	BOTH KNEES SEEN BY DR. BARNTH.; MULTIP. THERAPIES; STILL HAS PATELLA FEMORAL SORENESS BOTH KNEES, RT GREATER THAN LT; BUT FLUID DOWN THIS AM OVER YEST; CONT PRAC; DID NOT PERFORM OKLA. DRILL IN AM.
7/27/95	BOTH KNEES CONT SORENESS, NO CHANGE IN FLUID; MULTIP. THERAPIES & PRAC. FULLY BOTH PRAC.
7/28/95	BOTH KNEES MORE INCREASED FLUID THAN HE'S HAD PREV. AT 1+ OR LITTLE MORE, FULL ROM, HE COMPLAINS O F SORENESS BUT I THINK IT'S IMP. THAT HE CONT TO PUSH HIMSELF THIS WK & WE CAN START BACKING HIM OFF NEXT WK, LIM'D EXPOSURE TO ACTIVITY DURING OFF-SEASON PROGRAM & ESP. TIL LAST HALF JUNE DID HE STAR T RUNNING VERY MUCH, I THINK THIS IS EARLY REACTIONARY TYPE FLUID DUE TO EARLY PRAC'ING; HAS BEEN DI SCUS'D W/MARTY & CARL; HE CONT TO PRAC. REC'ING MULTIP. THERAPIES.
7/29/95	BOTH KNEES REC MULTIP THERAPIES, STILL SORENESS ABOUT KNEE, NO CHANGE.
7/30/95	BOTH KNEES MULTIP THERAPIES, SORENESS, NO CHANGE. PARTIC. IN SCIM.
7/31/95	BOTH KNEES - RECEIVES MULTIPLE THERAPIES. STILL HAS SOME SORENESS WITH A SLIGHT AMOUNT OF FLUID. M AINTAINS A FULL RANGE OF MOTION. PRACTICES LIMITED.
8/01/95	BOTH KNEES - CONTINUES TO HAVE SORENESS OF BOTH KNEES AND WILL BE RESTED TOMORROW MORNING'S PRACTICE . HAS SOME SORENESS OF THE RIGHT AC WHERE HE STATES THAT YESTERDAY HE LANDED ON THE GROUND AND ANOT HER PLAYER FELL ON TOP OF HIM AND RESULTED IN SOME AC JOINT SORENESS. HE HAS A FULL RANGE OF MOTION . EXCELLENT STRENGTH. GETTING SOME BILATERAL SHOULDER AXILARY SORENESS WHICH HE HAS HAD PREVIOUS C AMPS WITH HIS DEFENSIVE LINE PLAY. HE RECEIVES MULTIPLE THERAPIES AND PRACTICE IS LIMITED.

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Kansas City Chiefs Football
 Medical History by Player/Date From: 1/01/95 To 1/08/96

PP-380R 1/22/96
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NICKELL, DARREN

Date	Comments
8/03/95	BOTH KNEES - MULTIP THERAPIES, DECREASING SORENESS, FLUID SAME. PRAC. LIM.
8/04/95	BOTH KNEES - CONTINUES TO RECEIVE MULTIPLE THERAPIES. IS NOT AS SORE. STILL HAS A SLIGHT AMOUNT OF FLUID PRESENT. PRACTICED LIMITED.
8/05/95	BOTH KNEES - RECEIVED ICE. PLAYED IN GAME. THE LEFT WAS SLIGHTLY MORE SORE THAN THE RIGHT KNEE.
8/06/95	BOTH KNEES - SEEN BY DR. BARNTHOUSE. RECEIVES THERAPY. STILL HAS SOME SORENESS WITH THE LEFT BEING SLIGHTLY SORER THAN THE RIGHT. MOST OF HIS SORENESS IS UP IN THE LATERAL QUADRICEPS TENDON AREA AND D IT HAND. A LITTLE BIT ANTERIOR TO THAT. HE RECEIVES THERAPY AND WILL CONTINUE TO WORK OUT.
8/07/95	BOTH KNEES - MULTIP THERAPIES, STILL SORENESS LT KNEE. PRAC. FULLY
8/08/95	BOTH KNEES - CONTINUES TO RECEIVE THERAPY. THE LEFT SLIGHTLY MORE SORE THAN THE RIGHT. THERE IS NO CHANGE IN HIS FLUID. PRACTICES FULLY.
8/09/95	BOTH KNEES - MULTIP THERAPIES, NOT AS SORE. PRAC. FULLY.
8/10/95	BOTH KNEES - RECEIVES THERAPY FOR SOME SORENESS. FLUID LOOKS LIKE IT IS DOWN. PRACTICED FULLY.
8/14/95	BOTH KNEES - CONT SORENESS, LT GREATER THAN RT W/SLIGHT AMT EFFUSION. PRAC. FULLY.
8/16/95	BOTH KNEES - RECEIVES THERAPY. HAS SOME SORENESS. THERE IS NO CHANGE IN HIS EXAM OR EFFUSION. PRACTICES FULLY.
8/17/95	BOTH KNEES AND RIGHT HAMSTRING - HAS DEVELOPED SOME SORENESS OF ALL THESE AREAS. FOLLOWING THE A.M. PRACTICE, HE HAD SORENESS OVER THE RIGHT MEDIAL HAMSTRING AREA. HE RECEIVES THERAPY AND PRACTICED FULLY BOTH PRACTICES.
8/19/95	BOTH KNEES SORENESS, STILL FLUID BUT UNCHANGED. PLAYED IN BUF GAME, 3RD QTR. SUSTAINED SORENESS LT . TRAP, DID NOT PLAY REMAINDER, SEEN BY DR. BROWNE & XRAYED & ICE.
8/20/95	NECK, MULTIP THERAPIES, SLIGHT LOSS OF MOTION TO LT. ROTATION & SORE ON EXT. IN LT. TRAP BUT FEELS BETTER. ALSO THERAPY FOR BOTH KNEES, SAME AMT. EFFUSION & SORENESS AREA OF RT. HAMSTRING. EXAM OTHER WISE NEG.
8/21/95	NECK - RECEIVES MULTIPLE THERAPIES. HAS A FULL RANGE OF MOTION. HIS LEFT TRAP IS NOT AS SORE. LIMITED PRACTICE.
8/22/95	NECK - HAS NO COMPLAINT ABOUT HIS NECK. HAS FULL RANGE OF MOTION. HIS KNEE HAS A SLIGHT AMOUNT OF SORENESS. REPORTS NO CHANGE. DURING PRACTICE TODAY, HE SUSTAINED A RIGHT 5TH FINGER PIP JOINT DISLOCATION AND PROBABLE INJURY TO THE RADIAL COLLATERAL LIGAMENT ON THE PIP JOINT. THIS WAS REDUCED BY HIMSELF. ON THE FIELD HE HAD A FULL RANGE OF MOTION AND FLEXION AND EXTENSION. HE DID HAVE SOME SLIGHT SOFT TISSUE SWELLING OVER THE RADIAL COLLATERAL LIGAMENT SIDE OF HIS RIGHT 5TH FINGER. HE RECEIVED X-RAYS WHICH I FOUND TO BE NEGATIVE. THEY WILL BE REVIEWED BY DR. BROWNE. PLACED IN CORAND DRESSING AND BUDDY TAPPED.
8/23/95	RT 5TH FINGER SORE OVER RADIAL COLLAT. LIG BUT GD. ROM, STILL SLIGHT SWELLING. BOTH KNEES SLIGHT SORE ALSO. PRAC. FULLY.
8/24/95	BOTH KNEES SLIGHT SORENESS BOTH, ALSO REC'S ICE FOR RT 5TH FINGER, SWELLING DWN, GD ROM OF PIP JOINT. PRAC. FULLY.
8/25/95	BOTH KNEES & RT. 5TH FINGER THERAPY, SLIGHT SORENESS. PRAC. FULLY.
8/27/95	BOTH KNEES - RECEIVED SOME THERAPY FOR SOME SLIGHT SORENESS, BUT THERE IS NO INCREASE IN FLUID.
8/28/95	BOTH KNEES SORENESS, NO CHG FLUID, FULL ROM, STILL PATELLA FEMORAL SORENESS. THERAPY CV. RT 5TH FINGER PIP JOINT, AT PRAC. COMPLAINED SORENESS GEN. LT. RIBS DURING SWIM MV ON FIELD, NO TREATMENT POST PRAC.
8/29/95	BOTH KNEES - CONTINUES WITH SOME SLIGHT SORENESS AND CARRYING A SLIGHT AMOUNT OF FLUID. NOT NEARLY AS MUCH AS IT WAS LAST YEAR AT THIS TIME. HE PRACTICES FULLY.
8/30/95	BOTH KNEES - RECEIVES THERAPY. HAS SOME SLIGHT SORENESS POST PRACTICE. HIS RIBS ON THE LEFT SIDE ARE RE SLIGHTLY SORE PRIMARILY FROM SWIM MOVE TECHNIQUES WHILE PARTICIPATING IN PRACTICE. PRACTICED FULLY.
8/31/95	BOTH KNEES - RECEIVES THERAPY. HAS SOME SORENESS. PRACTICED FULLY.
9/01/95	BOTH KNEES - HAS SOME SLIGHT SORENESS. THERE IS NO CHANGE IN THE AMOUNT OF EFFUSION. PRACTICED FULLY.
9/02/95	BOTH KNEES - RECEIVES THERAPY FOR SOME SLIGHT SORENESS. HAS SOME SLIGHT SORENESS OF THE LEFT RIB AT

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A0869

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Kansas City Chiefs Football
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MICKELL, DARREN

Date	Comments
9/03/95	THE AXILARY LINE FROM SWIM MOVE TECHNIQUES. RECEIVES ICE. LEFT RIBS - PREGAME DARREN NOTICED SOME SORENESS OF THE LEFT RIBS OVER THE LOWER ANTERIOR PORTION ALMOST INTO THE ABDOMIAL AREA. HE WAS ABLE TO PLAY AND ALSO IN THE GAME HIS HELMET WAS KICKED OFF BY AN OPPOSING TEAM PLAYER AND HE SUFFERED A VERY MINOR SOFT TISSUE CONTUSION TO THE BACK OF THE HEAD. HE WAS NOT SEEN FOLLOWING THE GAME AS ASKED TO REPORT. RECEIVED ICE ON THE PLANE HOME. LEFT RIBS - NO COMPLAINTS ABOUT HIS RIBS NOW OR DURING POST GAME. BOTH KNEES HAS A SLIGHT AMOUNT OF INCREASED SORENESS FROM THE TURF, BUT HAD NO INCREASING FLUID. HE RECEIVED THERAPY.
9/04/95	BOTH KNEES SLIGHT SORENESS, FLUID NOT CHANGED. PRAC. FULLY.
9/06/95	BOTH KNEES & RIBS THERAPY PRIOR TO PRAC. ONLY, NO COMPLAINTS POST.
9/07/95	BOTH KNEES, LT. RIBS THERAPY, NO CHNG IN WAY HE FEELS OR FLUID, FULL ROM. PRAC. FULLY. ALSO SORENE
9/08/95	SS ABOUT LT. RIBS OV. LOWER ANTERIOR PORTION & ABDOMINAL MUSCULATURE.
9/10/95	LEFT RIBS - IN THE 1ST HALF, MADE A TWISTING MOVE AND SUFFERED SOME SORENESS IN THE SLIGHT STERNOCLE
9/11/95	IDOMASTOID MUSCLE OF HIS LEFT RIBS. CONTINUED PLAYING IN THE GAME. SEEN BY DR. SCOTT AND RECEIVED ICE FOLLOWING THE GAME.
9/12/95	LEFT RIBS - HAS SOME SORENESS OVER THE MUSCLE OF HIS LEFT RIBS AND ALSO HIS LEFT ELBOW HAS DEV
9/13/95	ELOPED SOME VERY SLIGHT TRICEP TENDINITIS. HE HAD SOME SORENESS AT THE BASE OF HIS NECK, BUT A FULL
9/14/95	RANGE OF MOTION OF HIS NECK MUSCULATURE. HIS MAIN COMPLAINT WAS HIS RIGHT KNEE WHERE IT WAS SLIGHT
9/15/95	LY SORE. BUT HE HAD A FULL RANGE OF MOTION. SLIGHTLY SORE OVER THE TIB AND DOWN BELOW THE KNEE JOI
9/16/95	NT WHERE HE STATES HE LANDED ON HIS KNEE A COUPLE OF TIMES DURING YESTERDAY'S GAME. HE HAS A FULL R
9/17/95	ANGE OF MOTION. SOME SLIGHT DISCOMFORT TO OVER FLEXION OF HIS KNEE. HE RECEIVED MULTIPLE THERAPIES.
9/18/95	LEFT RIBS - DOES NOT COMPLAIN ABOUT SO MUCH SORENESS TODAY OVER THE RIBS, BUT HE STILL HAS SOME SORE
9/19/95	NESS. THERE IS NO PALPABLE TENDERNESS AT ALL. HIS RIGHT KNEE STILL HAS A SLIGHT AMOUNT OF FLUID, B
9/20/95	UT BOTH KNEES ARE SORE. RIGHT BEING SLIGHTLY MORE SORE OVER THE PATELLA AREA FROM LANDING ON HIS KN
9/21/95	EE TWO OR THREE TIMES IN THE GAME. HE RECEIVES MULTIPLE THERAPIES.
	RIGHT KNEE AND LEFT RIBS - CONTINUES WITH SOME SORENESS OF HIS RIGHT KNEE AND HIS LEFT RIBS ARE STILL
	L SORE. HE HAS NO PALPABLE TENDERNESS OR SORENESS OVER THE RIB CAGE ITSELF. HE RECEIVED MULTIPLE T
	HERAPIES. PRACTICE IS LIMITED.
	LEFT RIBS AND BOTH KNEES - CONTINUES WITH SOME SORENESS, BUT THEY ARE IMPROVED. PRACTICED FULLY.
	BOTH KNEES AND LEFT RIBS - RECEIVES THERAPY FOR EACH AREA. THEY ARE SORE, BUT IMPROVING. PRACTICED
	FULLY.
	BOTH KNEES - HAD SOME SLIGHT AMOUNT OF SORENESS. FLUID REMAINS UNCHANGED. HIS LEFT RIB STILL HAS T
	HE AREA SORENESS IN THE OBLIQUE MUSCULATURE. HE RECEIVES THERAPY.
	RIGHT ANKLE - IN THE 3RD QUARTER COLLATED WITH ANOTHER PLAYER WHILE TRYING TO SACK THE QUARTERBACK
	AND SUSTAINED A PROBABLE SYNDESMOTIC INJURY TO HIS RIGHT ANKLE. PROXIMAL TO SYNDESMOTIC AREA AND CE
	RTAINLY PROXIMAL TO THE ANTERIOR TIB-FIB REGION. HE WAS ABLE AFTER RESTING ON THE SIDELINE FOR A FE
	W PLAYS TO GO AHEAD AND CONTINUE PLAYING IN THE GAME. HAD SOME VERY SLIGHT SORENESS OVER THE DORSAL
	ASPECT OF HIS RIGHT FOOT. HE RECEIVED PRECAUTIONARY X-RAYS OVER BOTH OF THESE AREAS AND SEEN BY DR
	. BARNTHOUSE AND RECEIVED ICE.
	RT. ANKLE & FOOT MULTIP THERAPIES THRUOUT DAY. HAS 1ST DEG BUT NOT QUITE 2ND DEG. SWELLING OF LAT.
	ASPECT OF ANKLE & MEDIAL SWELLING, SORE OV. POSTERIOR TIB FIB, ANTERIOR TALOFIB, ANTERIOR TIB FIB &
	DISTAL 3 CENTIMETERS AREA OF INTEROSSEOUS MEMBRANE. ALSO SLIGHT DELTOID LIG. SORENESS. KNEES & RIBS
	CAME THRU GAME W/ONLY MIN. DISCOMFORT.
	RT. ANKLE MULTIP THERAPIES, NO DECREASE SWELLING OV. YEST., STILL SORE OV. ANTERIOR TIB FIB, ANTER
	IOR TALOFIB, POSTERIOR TIB FIB, DISTAL SYNDESMOTIC & ANTERIOR DELTOID. ALPHABET EXER IN HOT WHIRLPOO
	L, 2 X'S FOR 5 MIN. HE CAN PUT ABOUT QTR. ON WT. ON TOES WHEN TRYING TO STAND ON TOES, SLIGHTLY BETR
	INCRE'S'D WALKING AND REMAINS AIR CAST.
	RIGHT ANKLE - WAS SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. HIS EXAM REMAINS THE SAME.
	HE CAN GET UP TO ABOUT 50% ON HIS TOES WITH BODY WEIGHT. HE HAS SOME SORENESS OF BOTH KNEES. DID
	NOT WEAR HIS AIR SPLINT A.M., BUT DID GET HIM ANOTHER ONE. MISSED PRACTICE.
	RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. SWELLING IS DOWN OVER THE ANTERIOR TIB FIB AND SYNDESMOT

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Date	Comments
9/22/95	IC. HE FEELS BETTER. STILL HAS SORENESS OVER THE POSTERIOR TIB FIB ALPHABET EXERCISES AND LIGHT JOGGING AND MISSED PRACTICE.
9/23/95	RT. ANKLE & BOTH KNEES. MULTIP THERAPIES, ANKLE REMAINS SAME BUT SWELLING DOWN, MOSTLY SYNDESMOTIC OFFERS HIM MOST DISCOMFORT. BOTH KNEES SORE BUT FULL ROM. MIS'D PRAC.
9/24/95	RT. ANKLE MULTIP THERAPIES, STILL HAS SWELLING BUT CONT TO DECREASE, MOSTLY SORE OV. ANTERIOR TIB FIB & SYNDESMOTIC AREA & POSTERIOR TIB FIB LIG.
9/25/95	@ CLEV RT. ANKLE SEEN BY DR. BARNTH., INACTIVE.
9/26/95	RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. HAS DECREASING SORENESS. MOST OF HIS TENDERNESS IS OVER THE POSTERIOR TIB-FIB LIGAMENT WITH ACTIVITY. DID DO THE RUNNING TODAY WITH THE TEAM. BOTH KNEES REMAIN SLIGHTLY SORE. WAS INACTIVE. MISSED THE CLEVELAND GAME.
9/27/95	RT. ANKLE MULTIP THERAPIES, STILL SAME SYNDESMOTIC & POSTERIOR TIB FIB SORENESS, MIN. INCREASES'D SO RENESS FR. YEST. RUNNING. TO FACILITATE PARTICIPATION PRAC. MADE STIRRUP SPLINT MOLD WHICH WILL BE I NCPOR. INTO TAPE JOB. REC'D THERAPY BOTH KNEES FOR SORENESS.
9/28/95	RT. ANKLE SEEN BY DR. SCOTT, MULTIP THERAPIES, STILL HAS SYNDESMOTIC, POSTERIOR TIB FIB & POSTERIOR R SORENESS. PRAC. W/STIRRUP SPLINT. PRAC. LIM
9/29/95	RT. ANKLE MULTIP THERAPIES, STILL POSTERIOR TIB FIB & POSTERIOR SORENESS. PRAC W/SPEC STIRRUP. PRAC C LIM
9/30/95	RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. STILL HAS SOME POSTERIOR TIB FIB WITH POSTERIOR SORENESS THE SWELLING IS UNCHANGED. PRACTICE LIMITED.
10/01/95	RIGHT ANKLE - STILL HAS SOME SLIGHT POSTERIOR AND POSTERIOR TIB FIB SORENESS. RECEIVES THERAPY AND PRACTICED.
10/02/95	RIGHT ANKLE - IN THE 4TH QUARTER REAGGRAVATED HIS SYNDESMOTIC SPRAIN. HE WAS ABLE TO WALK IT OFF AN D COULD HAVE CONTINUED PLAYING, BUT DID NOT FINISH THE REMAINING PORTION OF THE GAME. SEEN BY DR. B ARNTHOUSE FOLLOWING THE GAME.
10/03/95	RT. ANKLE MULTIP THERAPIES, STILL SYNDESMOTIC SORENESS W/SLIGHT SWELLING OV. LAT. AREA OF ANKLE, M OSTLY SORE OV. POSTERIOR TIB FIB & POSTERIOR REGIONS OF ANKLE JOINT. RODE BIKE.
10/04/95	RIGHT ANKLE - RECEIVES THERAPY. HAS DECREASING SYNDESMOTIC AND PATELLA POST TIB-FIB SORENESS. SWEL LING IS DOWN. RECEIVES THERAPY.
10/05/95	RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. CONTINUES WITH THE POSTERIOR TIB-FIB SORENESS FOR HIS SY NDESMOTIC SPRAIN.
10/06/95	RT. ANKLE SEEN BY DR. BROWNE. MULTIP THERAPIES, HAS LESS POSTERIOR TIB FIB SORENESS, SWELLING DOWN . PRAC. LIM.
10/07/95	RT ANKLE MULTIP THERAPIES, CONT SYNDESMOTIC SORENESS. PRAC. LIM.
10/08/95	RIGHT ANKLE - RECEIVES THERAPY. CONTINUES WITH SOME SLIGHT SYNDESMOTIC SORENESS, BUT FEELS BETTER T ODAY THAN HE HAS FELT SINCE THE ORIGINAL INJURY. PRACTICE LIMITED.
10/09/95	RIGHT ANKLE - RECEIVES THERAPY. STILL HAS SOME SLIGHT SYNDESMOTIC SORENESS BUT FEELS MUCH BETTER. PRACTICED.
10/10/95	LEFT SHOULDER - IN THE 2ND QUARTER SUSTAINED AN ANTERIOR BLOW. HAD SOME SORENESS IN THE AXILARY LIN E. WAS SEEN BY DR. BROWNE AND DR. BARNTHOUSE ON THE BENCH. HAD GOOD STRENGTH. GOOD RANGE OF MOTIO N. COULD NOT DESCRIBE A SPECIFIC SUBLAXATION EPISODE. WAS WATCHED. STARTED TO CALM DOWN ON THE BE NCH. WAS TAKEN INTO THE LOCKER ROOM WHERE HE RECEIVED A SHOULDER SPIKA WRAP. WAS ALLOWED TO PLAY 2 TO 3 MORE PLAYS LATE IN THE 2ND HALF. HAD DIFFICULTY. WAS X-RAYED AT HALF TIME AND EXAMINED. DUR ING THE 2ND HALF THE SHOULDER BECAME MORE SORE. WAS WITHHELD FROM THE REMAINING PORTION OF THE GAME AND DID NOT FINISH THE 2ND HALF. RECEIVED MULTIPLE ICE TREATMENT. FURTHER EXAM BY DR. SCOTT AND D R. BROWNE FOLLOWING THE GAME.
10/11/95	R. BROWNE FOLLOWING THE GAME.
	LEFT SHOULDER - WAS NOT SEEN BY ME IN THE TRAINING ROOM. HE WAS SCHEDULED FOR AN MRI THIS MORNING. WAS VERY UNCOMFORTABLE IN THE MRI MACHINE. HE HAD TO BE RESCHEDULED FOR LATER IN THE DAY. WILL BE SEEN BY DR. BROWNE OVER AT THE OFFICE FOLLOWING HIS MRI EXAM. HE IS IN A SLING.
	LT. SHOULDER SEEN BY DR. BARNTH., MULTIP THERAPIES, SLING, NO EXAM PERFORMED BY ME, PLACED IN ABDU CTION PILLOW SPLINT. MIS PRAC.

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MICKELL, DARREN

Date	Comments
10/12/95	LT. SHOULDER - REMAINS IN SLING. MIS PRAC. REC'D ICE TREATMENTS.
10/13/95	LEFT SHOULDER - RECEIVES THERAPY. REMAINS IN A SLING. MISSED PRACTICE.
10/14/95	LT. SHOULDER - REMAINS SLING
10/15/95	NE @ H LT. SHOULDER - SEEN BY DR. BROWNE PRE GAME, INACTIVE.
10/16/95	LT. SHOULDER - MULTIP ICING TREATMENTS, REMAINS IN SLING, MORE AGG. REHAB TOMORROW. RT ANKLE HAD SLING HT SORENESS FROM SPRAIN.
10/17/95	LT. SHOULDER THERAPY, REHAB STARTED TODAY, CODMAN'S EXER BELOW 90 DEG., USED 5 LB WTS FOR WRIST FL EX. EXT, BICEP CURLS, TRICEP EXT'S W/SHLDR SUPPORTED, HAND RESISTIVE FLEX. EXT. EXER TO 90 DEG, ALL 3 SETS 15, LESS SORENESS & PAIN OV POSTERIOR ASPECT SHOULDER, GD ROM TO 90 DEG BUT REMAINS SLING TIL S EEN BY DR. BROWNE LATER WK
10/18/95	LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. CODMAN EXERCISES BELOW 90 DEGREES. 5 POUND WEIGHTS BO TH WRIST AND ELBOW EXERCISES. HAND RESISTANCE, FLEXION AND EXTENSION OF HIS SHOULDER. MISSED PRACT ICE.
10/19/95	LEFT SHOULDER - SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. CODMAN'S EXERCISES BELOW 90 D EGREES. 5 POUND WEIGHTS. WRIST EXTENSION AND FLEXION, ELBOW CURLS AND TRICEPS. FLEXION EXTENSION OF THE SHOULDER, ALL 3 SETS OF 15 REPS. ALSO BIKE RIDING WITH HIS RIGHT ARM ONLY. MISSED PRACTICE.
10/20/95	LEFT SHOULDER - RECEIVES THERAPY. EXERCISES THE SAME ALONG WITH BIKING RIDING. MISSED PRACTICE.
10/21/95	LEFT SHOULDER - RECEIVES THERAPY. CODMAN'S EXERCISES BELOW 90 DEGREES, WRIST FLEXION EXTENSION 3 S ETS OF 15 WITH 5 POUNDS. BICEP CURLS, TRICEP EXTENSIONS, 3 SETS OF 15 WITH 10 POUNDS. HAND RESISTA NCE, FLEXION AND EXTENSION OF THE SHOULDER, 3 SETS OF 15 AND ALSO BIKE RIDING.
10/22/95	LEFT SHOULDER - WAS INACTIVE - DID NOT TRAVEL. MISSED THE DENVER GAME.
10/23/95	LT. SHOULDER MULTIP THERAPIES, CONT'ING W/CODMAN'S EXER TO BELOW 90 DEG, WRIST FLEXION EXT. 5 LB, BICEP & TRICEP EXER 10 LB SHOULDER FLEXION EXT., HAND RESISTANCE ALL 3 SETS 15 REPS. 1 TALKED W/DR. BROWNE TODAY, ALLOWED TO BEGIN RUNNING, HAD SLIGHT HESITATION OF SHLDR MOVEMENT WHILE RUNNING BUT NO T APPEAR TO HAVE INCREASING SORENESS OV POSTERIOR ASPECT OF SHLDR FROM RUNNING ACTIVITY.
10/24/95	LT. SHOULDER MULTIP THERAPIES, CODMAN'S EXER BELOW 90 DEG., WRIST FLEXION EXT 8 LB, BICEP TRICEP 1 0 LB, SHOULDER FLEX. EXT, HAND RESISTANCE ALL 3 SETS 15, AIRODYNE IN A.M., HALF GASERS IN P.M. WILL BE SEEN BY DR. BROWNE LATER IN AFT FOR EXAM. WILL BE HERE DURING BYE WK. MIS PRAC.
10/25/95	LT. SHOULDER CONT CODMAN'S BELOW 90, WRIST FLEXION & EXT 8 LB BICEP & TRICEP WORK 15 LB, HAND RESI STANCE, FLEXION & EXT. ADDED ABDUCTION, ALL THESE 3 SETS 15, EXTERNAL ROTATION W/SURGICAL TUBING 4 X'S 20 REPS. RUNS 8 HALF GASERS.
10/26/95	LT. SHOULDER SAME EXER AS YEST, RAN 8 HALF GASERS.
10/27/95	LT. SHOULDER MULTIP THERAPIES, SAME EXER & WTS AS ALL WK, RIDES LIFE CYCLE 12 MINS. FOR CONDITIONIN G. TREATED KNEES FOR CHONDROMALACIA & PATELLA FEMORAL JOINT PROB'S.
10/28/95	LT. SHOULDER MULTIP THERAPIES, CODMAN'S EXER BELOW 90 DEG., WRIST FLEX EXT 8 LB, BICEP & TRICEP LI FT 15 LB, HAND RESISTANCE FLEXION EXT & ABDUCTION ALL 3 SETS 15, EXT. ROTATION SURGICAL TUBING 4 X' S 20, BIKE 15 MINS.
10/29/95	LT. SHOULDER THERAPY, NO LIFTING. TREATMENT & BIKING ONLY, STATES NOT AS SORE.
10/30/95	LT. SHOULDER - RECEIVES MULTIPLE THERAPIES. CODMAN EXERCISES BELOW 90 DEGREES. BICEP AND TRICEP W ORK, 2 SETS OF 15 WITH 20 POUNDS. HAND RESIST. FLEXION EXTENSION ABDUCTION, 2 SETS OF 15 REPS. EXT ERNAL ROTATION, 4 SETS OF 15 REPS WITH SURGICAL TUBING. PERFORMS THE BIKING. RUNS 6-1/2 GASERS. DI D SOME SLED DRILLS TODAY. BELOW 90 DEGREES AND EQUAL TO 90 DEGREES WITH SOME SLIGHT LOCKING OUT AT A 45 DEGREE ANGLE UP ABOVE HIS SHOULDER. COMPLAINS OF SOME POSTERIOR SHOULDER SORENESS, BUT DID NOT HAVE ANY SUBLUXATION BUT STILL HAS MILD TO MODERATE PAIN OVER THE POSTERIOR ASPECT OF HIS SHOULDER.
10/31/95	LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. CODMAN'S EXERCISES BELOW 90. THE SAME WEIGHTS WERE PE RFORMED TODAY ALONG WITH EXTRA ROTATION EXERCISES. SURGICAL TUBING. ALSO DID SLED WORK WITH DECREAS ING SORENESS PUSHING AGAINST THE SLED TODAY. HE RAN 8-1/2 GASERS. THIS MORNING HE SUSTAINED A MINO R MOTOR VEHICLE ACCIDENT WHEN HE WAS STRUCK FROM BEHIND. HE COMPLAINED OF NO INJURIES. STATED THAT HE WAS FINE FROM THE WRECK. HE MISSED PRACTICE.
11/01/95	LEFT SHOULDER - SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. CODMAN'S EXERCISES BELOW 90 D

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MICKELL, DARREN

Date	Comments
11/02/95	EGRESSES. FLEXION, EXTENSION AND ABDUCTION WITH HAND RESISTENCE. 20 POUNDS, BICEP - TRICEP EXTERNAL ROTATION, 4 SETS OF 15 WITH SURGICAL TUBING. HE PERFORMS SLED WORK, 8-1/2 GASERS. FEELS THAT HE IS READY TO PARTICIPATE IN LIMITED PRACTICE TOMORROW WITHOUT CONTACT. THIS WAS AGREED UPON BY THE PHYSICIANS. MISSED PRACTICE. LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. TUBING EXERCISES. 2 TIMES 15 AND FLEXION. ABDUCTION ABOVE HIS HEAD. EXTERNAL ROTATION, 4 SETS OF 15 WERE INSTITUTED TODAY IN PLACE OF THE BELOW 90 EXERCISES ALONG WITH CODMANS. HE WAS WRAPPED IN A SHOULDER SPIKA. WAS ALLOWED LIMITED PRACTICE AND TEAM WORK ONLY IN SHELLS. HAD NO COMPLAINTS. DID NOT COMPLAIN OF ANY SLIPPING. NO INCREASED SORENESS FOLLOWING PRACTICE. PRACTICE LIMITED. LT. SHOULDER - MULTIP THERAPIES, TUBING EXER FLEXION & ABDUCTION 2 SETS 15, EXTERNAL ROTATION EXER. 4 X'S 15 REPS. NO INCREASED SORENESS FR. YEST WKOUT, WRAP'D IN SHOULDER SPIKA WRAP TODAY. DID LITTLE MORE W/COMPLETE PRAC IN SHELLS. PRAC. LIM. RT. SHOULDER - THERAPY, SURGICAL TUBING EXER., FLEXION & ABDUCTION 2 SETS 15, EXTERNAL ROTATION 4 SETS 15. WILL BE INACTIVE FOR WASH GAME. WASH @ H LT. SHOULDER - INACTIVE. SEEN BY DR. BARNTH. POST GAME, LEFT SHOULDER - RECEIVES THERAPY. FLEXION AND ABDUCTION EXERCISES, 2 SETS OF 15. EXTERNAL ROTATION 4 SETS OF 15 WITH SURGICAL TUBING. PERFORMS RUNNING. WILL BE ALLOWED INCREASED ACTIVITY INCLUSIVE OF PADS THIS WEEK IN PRACTICE. WAS INACTIVE AND MISSED THE WASHINGTON GAME. LEFT SHOULDER - RECEIVES THERAPY. SURGICAL TUBING EXERCISES, FLEXION AND ABDUCTION, 3 SETS OF 15. EXTERNAL ROTATION, 4 SETS OF 15. HE IS COMPLAINING ABOUT SOME SORENESS IN THE POSTERIOR ASPECT OF THE SHOULDER, WHICH I CAN UNDERSTAND BECAUSE OF SOME OF THE OVERHEAD LIFTING THAT HE IS NOW DOING WITH THE SURGICAL TUBING. HE HAS SOME SORENESS ABOUT THE LEFT TRICEPS. THIS MAYBE DUE TO LOCKING OUT A COUPLE OF DAYS AT PRACTICE, WHICH HE HAS NOT DONE OR THE TRICEP EXTENSIONS THAT WE HAD HIM DO DURING HIS EARLY REHAB., BUT WE WILL CONTINUE TO WATCH THIS. HE RECEIVED THERAPY FOR THAT ALSO. LT. SHOULDER - SEEN BY DR. SCOTT, MULTIP THERAPIES. WE PERFORM'D TUBING EXER, FLEXION & ABDUCTION 2 SETS 15 EXTERNAL ROTATION 4 SETS 15 W/SLIGHT POSTERIOR SORENESS. PRAC. W/PADS & PROTECT. WRAP & SHLD R SPIKA. PRAC. LIM. 11/09/95 LT. SHOULDER - MULTIP THERAPIES, NO INCREASED SORENESS FROM PRAC YEST., GD MOTION, TUBING EXER SAME, WE STARTED W/WTS, DUMBBELL PRESS, BENCHPRESS 35 & 40 LB & HAMMER PRESS 45 LB. HAD LT KNEE SORENESS. PRAC. LIM. 11/10/95 LEFT SHOULDER - RECEIVES THERAPY. TUBING EXERCISES, SUPERNATION AND ABDUCTION, 3 SETS OF 15. EXTERNAL ROTATION, 4 SETS OF 15. NO INCREASED SORENESS. HE RECEIVED NO TREATMENT FOLLOWING PRACTICE AND PRACTICED FULLY. SHOULD BE ACTIVATED FOR THE UPCOMING SAN DIEGO GAME. 11/11/95 LEFT SHOULDER - NO TREATMENT. 11/12/95 LEFT SHOULDER - PLAYED WITHOUT PROBLEMS. RECEIVED ICE FOLLOWING THE GAME. 11/13/95 LEFT SHOULDER - RECEIVES ICE. IS NOT TOO SORE WITH GOOD RANGE OF MOTION. HE DOES, HOWEVER, HAVE A CONTUSION WITH A SLIGHT WELT OVER THE LEFT TRAP. BUT OTHERWISE, HIS SHOULDER COMES THROUGH THE GAME GOOD. 11/14/95 LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. EXTERNAL ROTATION WITH SURGICAL TUBING WERE PERFORMED TODAY, 3 SETS OF 15. HE WAS SLIGHTLY MORE SORER TODAY THAN HE WAS YESTERDAY. HE MAINTAINS GOOD RANGE OF MOTION. 11/15/95 LEFT SHOULDER - SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. HAS GOOD RANGE OF MOTION. LESS SORENESS. HE DID STING IT IN PRACTICE DOING SLED WORK. HE PERFORMS HIS LIFTING AND EXTERNAL ROTATION TUBING EXERCISES, 3 TIMES 15. PRACTICE LIMITED WITH WRAPPING. 11/16/95 LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. HAS GOOD RANGE OF MOTION AND NO INCREASED SORENESS FROM THE STINGING YESTERDAY. HE DID NOT PERFORM SLED DRILLS TODAY. EXTERNAL ROTATION EXERCISES, 4 TIMES 15. PRACTICED LIMITED. 11/17/95 LEFT SHOULDER - RECEIVED THERAPY. STILL HAD SOME SLIGHT POSTERIOR SORENESS ABOUT THE SHOULDER. GOOD RANGE OF MOTION AND STRENGTH EXTERNAL ROTATION TUBING EXERCISES WERE PERFORMED, 3 SETS OF 15. PRACTICE LIMITED.

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MICKELL, DARREN

Date	Comments
11/18/95	LEFT SHOULDER - RECEIVES THERAPY. GOOD RANGE OF MOTION. STILL HAS SOME SLIGHT SORENESS POSTERIORAL LY. WILL PLAY IN THE HOUSTON GAME.
11/20/95	LEFT SHOULDER - SLIGHT SORENESS FROM THE GAME LAST NIGHT. FULL RANGE OF MOTION. NO STRENGTH LOSS. HE RECEIVES THERAPY.
11/21/95	LEFT SHOULDER - HAS ONLY MILD POSTERIOR SORENESS. DOES WELL WITH PROTECTIVE WRAPPING. PRACTICE IS LIMITED.
11/22/95	LT. SHOULDER SLIGHT SORENESS POSTERIOR ASPECT. PRAC FULLY.
11/30/95	LEFT SHOULDER - DURING PRACTICE TODAY HE STUNG HIS SHOULDER IN THE AXILARY LINE WHILE PERFORMING BAG DRILLS. RESOLVED QUICKLY. HAD NO PAIN AND NORMAL EXAM FOLLOWING PRACTICE. RECEIVED ICE.
12/04/95	RIGHT AC - WHILE TRYING TO RECOVER A FUMBLE YESTERDAY, WAS HIT DIRECTLY OVER THE TOP OF THE SHOULDER OF THE RIGHT AC AREA SUFFERING A CONTUSION. HE HAS A FULL RANGE OF MOTION. THERE IS NO SWELLING A ND GOOD STRENGTH. HE DOES HAVE A SOME SLIGHT SORENESS OVER THE AC JOINT AND THE TIP OF THE ACROMION . THERE IS NO TRUE BONEY TENDERNESS. SLIGHTLY SORE ON THE SOFT TISSUE REGION OF THE AC. I DO SEE SOME SLIGHT BRUISING. HE RECEIVES ICE TREATMENTS.
12/05/95	RIGHT AC - RECEIVES THERAPY. HAS GOOD RANGE OF MOTION AND GOOD STRENGTH. DECREASING SORENESS OVER THE RIGHT SHOULDER.
12/06/95	RIGHT AC - NO TREATMENT.
12/12/95	RIGHT AC - HAD SOME SORENESS IN HIS AC PRIOR TO THE GAME AND ALSO TODAY. HE HAS A FULL RANGE OF MOTI ON. THERE IS NO INCREASE IN SWELLING. HAS GOOD STRENGTH. HAS NO HORIZONTAL ADDUCTION SORENESS THAT I CAN DETECT TODAY. ALSO STATED INJURY TO THE LEFT HAND TO THE 2ND MP JOINT. LOOKS LIKE HE SPRAIN ED THE INTERMETACARPAL LIGAMENTS. FULL RANGE OF MOTION OF THE MP JOINT. HE RECEIVES THERAPY ON BOT H AREAS.
12/13/95	RIGHT AC - DENIED THAT HE NEEDED TO BE SEEN BY ANY OF THE PHYSICIANS. HAD MULTIPLE THERAPIES. FULL RANGE OF MOTION. STILL SORE OVER THE AC JOINT, BUT GOOD STRENGTH. PRACTICE LIMITED.
12/14/95	RIGHT SHOULDER - RECEIVES MULTIPLE THERAPIES. GOOD RANGE OF MOTION. SWELLING IS DOWN. HAS GOOD ST RENGTH. PRACTICED FULLY.
12/15/95	RIGHT AC - RECEIVES THERAPY. SORE BUT MAINTAINS GOOD RANGE OF MOTION AND STRENGTH. RECEIVES THERAP Y AND PRACTICED LIMITED.
12/17/95	RIGHT QUAD - FOLLOWING THE GAME, HAD SOME SORENESS TO THE PROXIMAL ANTERIOR QUAD. FULL RANGE OF MOT ION AND ALSO HIS RIGHT AC IS STILL SLIGHTLY SORE. SEEN BY DR. BARNHOUSE. RECEIVED ICE.
12/18/95	RIGHT THIGH - HAS SOME SORENESS IN THE ANTERIOR PROXIMAL PORTION OF THE THIGH MUSCULATURE. HIS QUAD IS HARD TO MEASURE BECAUSE IT IS SO HIGH UP BUT IT LOOKS AS THOUGH IT IS 1 INCH LARGER IN SIZE. TH E LEFT KNEE IS ALSO THE KNEE OF WHICH HE HAS CHONDROMALACIA AND I BELIEVE HIS THIGH SIZE IS DOWN ANY WAY. HE HAS A LOSS OF MOTION OF 5 DEGREES ACTIVE. 0 PASSIVE IN FLEXION. HE HAS A SOFT QUAD SET AN D SORENESS WITH STRAIGHT LEG RAISING. HIS RIGHT AC IS STILL SORE BUT GOOD RANGE OF MOTION. LESS SO RENESS. THERE IS NO VISIBLE SWELLING. EXCELLENT STRENGTH. HE RECEIVES MULTIPLE THERAPIES.
12/19/95	RT AC SHLDR NOT AS SORE. GD STRENGTH & MOTION ALL PLANES. QUAD FEELS BETTER TODAY. MEASUREMENTS: R T LESS IN SIZE THAN LT BY HLF CENTIMETER AT 22 CENT ABOVE PAELLA, GD QUAD SET & STRAIT LEG RAISE. N OT GOING TO HYPERBARIC UNIT CAUSE LOW BACK VERY SORE, HAD HARD TIME WALKING CAUSE OF STIFFNESS POST TREATMENT.
12/20/95	RT. QUAD & RT AC SEEN BY DR. BARNTH. MULTIP THERAPIES. QUAD LOSS OF MOTION ACTIVE 2-3 DEG., GD QUA D SET & STRAIT LEG RAISE NORMAL. SHLDR MILD SORE OV RT AC, GD ROM & STRENGTH. MIS PRAC.
12/21/95	RT. QUAD & RT. AC MULTIP THERAPIES. FULL ROM OF QUAD, NOT AS SORE. AC MILDLY SORE. PRAC. LIM.
12/22/95	RIGHT QUAD AND RIGHT AC - RECEIVES MULTIPLE THERAPIES PRIOR TO PRACTICE ONLY. HAD GOOD MOTION AND N O SORENESS OF HIS QUAD. HIS AC IS MILDLY SORE. HAS A FULL RANGE OF MOTION AND STRENGTH. PRACTICED FULLY.
12/23/95	RT. AC SORENESS, FULL ROM, GD STRENGTH. DEVL'D MILD SORENESS OV LT ANKLE LAT. ASPECT, STATES STEPP ED ON SOMEONE'S FOOT, ROLLED ANKLE, SORE OV. LAT ASPECT, NO PALPATION SORENESS.
1/08/96	RECEIVED FINAL PHYSICAL.

MICKELL-0758

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**KANSAS CITY CHIEFS FOOTBALL CLUB, Inc.
FINAL PLAYER PHYSICAL EXAM (SEASON END)**

NAME: Darren Mickell AGE: 25 BIRTH DATE: [REDACTED] 70
SOCIAL SECURITY NUMBER: [REDACTED] 1926 EXAMINING DATE: 1-8-95

PLAYER STATEMENT:

LIST ANY ACCIDENTS, INJURIES AND/OR SICKNESSES DURING THE 1995 SEASON, OR WRITE NONE:

left ~~shoulder~~ Knees

LIST YOUR PHYSICAL PROBLEMS ON THIS DATE, OR WRITE NONE:

NONE

[Signature] 1-8-95
PLAYER SIGNATURE DATE

PHYSICAL EXAMINATION**MEDICAL:**B.P. 110/78 P. 62 HEART RegularHEENT normal LUNGS clearCOMMENTS: none

CONCLUSIONS: _____

Michael E. McManus 1/8/96
TEAM PHYSICIAN DATE

ORTHOPEDIC:

SPECIAL TESTS: _____

COMMENTS: Delus. are current problemCONCLUSION: Exam @ shoulder today - no apprehensionno laxity, FROM yesterday. Discovered @
shoulder had length - well below

CDS 1-8-95
DATE

- Page 2 -

CLUB PHYSICIAN STATEMENT:

IN MY OPINION, BASED UPON THE ABOVE PHYSICAL EXAMINATION, PLAYER IS NOT NOW SUFFERING FROM ANY PHYSICAL DISABILITY AS A RESULT OF PLAYING PROFESSIONAL FOOTBALL DURING THE 1995 SEASON WHICH PREVENTS HIM FROM PLAYING PROFESSIONAL FOOTBALL.


DR. JON BROWNE, MD / DR. CRIS BARNTHOUSE, MD 1-8-26
DATE

(OR)

PLAYER IS SUFFERING FROM THE CONDITION NOTED IN THE CONCLUSION ABOVE.

DR. JON BROWNE, MD / DR. CRIS BARNTHOUSE, MD DATE

MICKELL-0760

A0876



MICKELL-0761



Paulino-Grisham, Smith, & Chmielarz, P.A.

June 18, 2014

Sent Via Federal Express

Groom Law Group, Chartered

Attn.: Alvaro I. Anillo, Esquire

1701 Pennsylvania Avenue, NW

Washington, DC 20006-5811

RECEIVED BY

JUN 19 2014

GROOM LAW GROUP

RECEIVED

JUN 20 2014

NFL PLAYER BENEFITS

RE: Name: Darren Mickell

Incident #: Claim for Total and Permanent Disability Benefits

Dear Mr. Anillo:

As you may know, this office has been retained to represent Darren Mickell in his claim for disability benefits pursuant to his rights under the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Enclosed please find a CD with copies of medical documentation. Enclosed is also a hard copy of the Comprehensive Rehabilitation Evaluation from Craig H. Lichtblau, M.D., containing:

- Independent Medical Evaluation;
- Medical Functional Capacity Assessment;
- AMA Impairment Rating;
- Summary; and
- Photographs.

We will be supplementing with additional information shortly. Thank you for your attention to this matter.

Very truly yours,

Mindy L. Chmielarz,
For the Firm

Enclosure(s)



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Nationwide

tf 888.644.2644

Broward (Correspondences)

4151 Hollywood Boulevard
Hollywood, Florida 33021
ofc 954.989.9000
fax 954.989.9999

Palm Beach

14255 U.S. Highway One, Suite 235
Juno Beach, Florida 33408
ofc 561.202.9170
fax 561.202.9194

MICKELL-0762

A0878

MICKELL-0763

A0879

GROOM LAW GROUP

Alvaro I. Anillo
(202) 861-6621
aanillo@groom.com

June 19, 2014

By Federal Express

DI Law Group
Attn: Alicia Paulino-Grisham
4151 Hollywood Boulevard
Hollywood, FL 33021

Re: Darren Mickell

Dear Ms. Paulino-Grisham:

Thank you for the copy of your June 16 letter to Ms. Anderson at the Plan Office. While I believe that you mischaracterize much of what we discussed on June 5, and I disagree wholeheartedly with your assessment that the Plan's policy against videotaping violates Mr. Mickell's rights under ERISA or implies anything about the Plan's "motives," you are absolutely correct that Mr. Mickell's application could be denied if he fails to attend the examination.

To clarify another point: On page 3 of your letter you state that you "trust [the Plan] will make every effort to accommodate Mr. Mickell's request and will allow for a videographer to be present at his IME without issue." I assume you simply failed to delete that sentence when you cut-and-pasted the text from your previous letter into this one, but in any event I will remind you that the neutral examination will not take place if Mr. Mickell makes any last-minute attempt to record it on his own or through a third party.

Thank you for allowing your client to attend the neutral examination consistent with the Plan's policies and procedures. I am glad to put this distraction behind us, and encouraged that Mr. Mickell's claim will now proceed through the review process and be decided on its merits.

Sincerely,



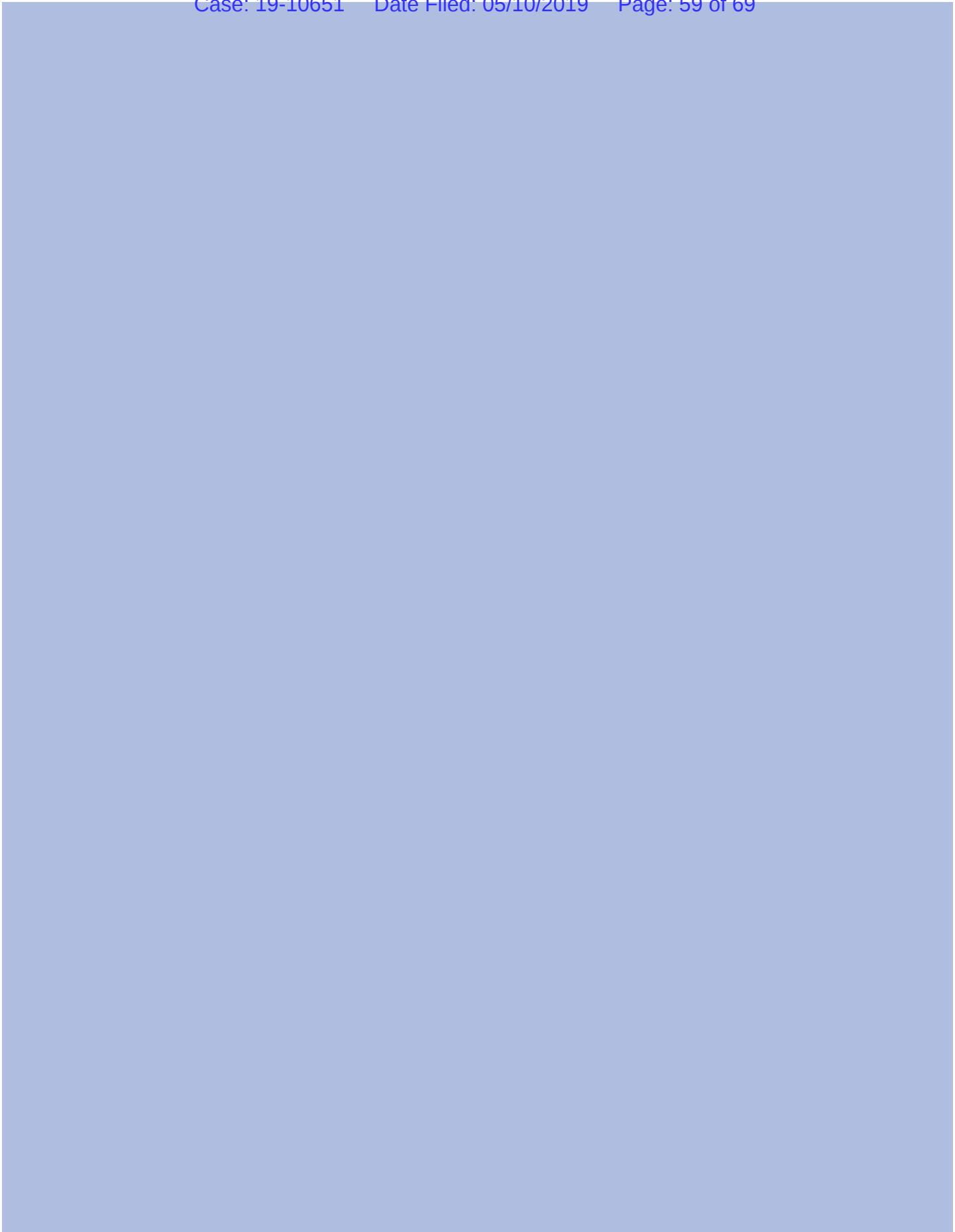
Alvaro I. Anillo

cc: Plan Office
Mindy Chmielarz

GROOM LAW GROUP, CHARTERED
1701 Pennsylvania Ave., N.W. • Washington, D.C. 20006-5811
202-857-0620 • Fax: 202-659-4503 • www.groom.com

MICKELL-0764

A0880



MICKELL-0765


Bert Bell/Pete Rozelle NFL Player Retirement Plan

 200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008
 410-685-5069 • 800-638-3186 • Fax 410-783-0041

 NFL PLAYERS
 ASSOCIATION

Total & Permanent Disability Benefits
PHYSICIAN'S REPORT FORM
RECEIVED

JUN 19 2014

Notice to Physician: To preserve your independence and the integrity of the Plan, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Please notify Rose Mary Eves or Paul Scott at the Plan Office (Tel. No. (800)638-3186) if you are contacted by any of these individuals.

NFL PLAYER BENEFITS

To Be Completed By Plan Office:

1. Player's Name Darren Mickell Date of Birth ██████ 1970
 2. Address 9250 Chelsea Dr, Miramar, FL 33025
 3. Credited Seasons 1992-1997, 1999-2000 Telephone (786)277-5788 M

 4. When did you first examine the player? 06/17/2014

 5. Have you or have any of your partners ever treated the player? Yes ☐ No ☒

6. What is the nature of the impairment? _____

7. Impairment Information (attach additional sheets if necessary)

Impairment to:	Impairment results from:	Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence?
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

 Chaim Arlosoroff, M.D.
 (Neutral Orthopaedist)

MICKELL-0766

A0882

Physician's Report for **Darren Mickell**
Page 2

8. In your opinion, is the patient totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

Yes _____

No ☒

If you checked Yes:

- Specify the medical conditions and how these conditions prevent the Player from working.

- How long do you estimate the Player will be unable to be gainfully employed at any occupation? _____

If you checked No:

- In what type of employment can he engage?

Any employment, restrictions: no repetitive kneeling or squatting, no repetitive climbing, avoid heavy lifting above shoulder & height

9. Additional remarks by physician _____

Please attach the required Medical Report with this form.

Physician's Name (typed or printed): Chaim Arlosoroff, M.D.

Address Orthopaedic Clinic Specialists

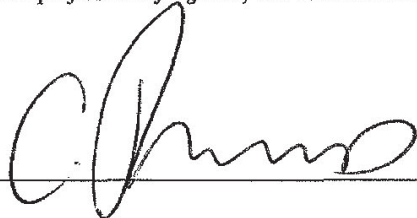
733 U.S. Highway One

North Palm Beach, FL 33408

Telephone (561)840-1090

I certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narrative reports. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against this Player.

Signature _____



Examination Date _____

06/13/2014

Mail completed form with your narrative report to Rose Mary Eves at the Bert Bell/Pete Rozelle NFL Player Retirement Plan, 200 St. Paul Place, Suite 2420, Baltimore, MD 21202-2040.

MICKELL-0767

A0883

ORTHOPAEDIC CARE SPECIALISTS733 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408RICHARD L. WEINER, M.D. *
STEVEN R. SASLOW, D.O. *
ANDREW I. SCHNEIDER, M.D. *CHAIM ARLOSOROFF, M.D. *
ALEXANDER N. LENARD, M.D. *
THOMAS F. SAYLOR, M.D. *OFFICE: (561) 840-1090
FAX: (561) 840-0791

*Board Certified American Board of Orthopaedic Surgery

RE: MICKELL, DARREN
DATE: 6/17/2014**NEUTRAL PHYSICIAN'S EVALUATION:**

The evaluation took place at the Orthopaedic Care Specialists Clinic on 733 U.S. Highway 1, North Palm Beach, Florida on Tuesday, 06/17/2014. The evaluation was done on behalf of the Bert Bell/Pete Rozelle NFL Player Retirement Plan and was done for the purposes of total and permanent disability benefits.

CHIEF COMPLAINTS:

1. Bilateral knees pain.
2. Right hip pain.
3. Low back pain.
4. Bilateral shoulders pain.

HISTORY OF PRESENT ILLNESS:

Mr. Darren Mickell is a 43-year-old retired National Football League defensive tackle. He played 10 seasons at the NFL. He started his career at Miami Senior High School in Miami, Florida where he played 4 years of football. During his years in high school, he did not have any significant orthopaedic injuries.

In 1989, he started his collegiate career at the University of Florida. He played 3 years at the University of Florida as a defensive end. In 1989, he recalls a left knee arthroscopy for a torn meniscus. The surgery was done at the end of the season and he, therefore, did not miss any games. He believes that he had another knee arthroscopy during college, also a left knee arthroscopy. However, he is not sure about it and cannot recall the reason it was done for.

In 1992, he was drafted by the Kansas City Chiefs in the supplemental draft. He played 4 years for the Kansas City Chiefs. In 1996, he had arthroscopy of both the right and left knees. The procedure was done at the same time, and after the season was over.

Between 1996 and 1998, the player played for the New Orleans Saints for 3 seasons. He recalls a shoulder surgery for a rotator cuff tear. He does not recall which shoulder was done during his time with the Saints since he had another shoulder surgery in the opposite shoulder later on while with the San-Diego Charges. The shoulder surgery was done after the season and he did not miss any play time.

In 1999, he was with the San Diego Chargers. He had his other shoulder surgery. He does recall if this was right or left, and he believes it was done for an AC joint injury. He was able to recover from the injury, and in 2000, joined the Oakland Raiders. He only played for the Raiders for 1 game and then he was released. He has not played any football since 2000.

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MICKELL-0768

PAST MEDICAL HISTORY:

Patient denies history of diabetes, hypertension, heart disease, or peptic ulcer disease.

MEDICATIONS:

No regular medications, but he takes hydrocodone on an as needed basis. The medication is being prescribed to him by a pain management physician in Miami. He cannot recall the name of the doctor.

ALLERGIES:

No known drug allergies.

PAST SURGICAL HISTORY:

1. Left knee arthroscopy between 1989 and 1991 during his college career. He believes it was the left knee and had 2 surgeries.
2. 1996, arthroscopy of the right and left knee at the same time while with the Kansas City Chiefs.
3. Shoulder surgery during 1996 to 1998 with the New Orleans Saints.
4. Shoulder surgery with the San Diego Chargers between 1999 and 2000.

SOCIAL HISTORY:

He drinks socially, does not smoke any cigarettes. Does admit to occasionally smoking pot. He has his own business, an amusement game and bar such as video games, slot machines, pool tables, etc. He is not married. He has got 4 kids, 2 of which live with him in South Florida.

REVIEW OF RECORDS:

There were no records for review. No x-rays or MRIs.

PHYSICAL EXAMINATION:

Mr. Darren Mickell is a 43-year-old. He is 6 feet 5 inches, 270 pounds. He comes to the office without any braces or assistive devices. He does not have any significant problems or issue with the physical examination. The examination was done as a comprehensive whole body orthopaedic exam. I have had Felicia, our medial assistant, present during the physical examination with the permission of Mr. Mickell.

Examination of the cervical spine - No scars and no focal tenderness areas. Flexion to 53 degrees, extension to 31 degrees, right rotation to 45 degrees, and left rotation to 45 degrees. Left lateral bending to 28 degrees and right lateral bending to 31 degrees. There were no focal motor or sensory deficits involving the upper extremities. The reflexes were equal and symmetrical.

Examination of right shoulder - Three arthroscopic portals which are well-healed. No prominence over the AC joint. No tenderness over the AC joint. Forward flexion 145 degrees, abduction 150 degrees, internal rotation at 90 degrees of abduction to 30 degrees and external rotation at 90 degrees of abduction to 80 degrees. There was no rotator cuff weakness, mild positive impingement sign with the Neer and Hawkins' maneuvers, and negative cross arm test.

Examination of left shoulder - Three arthroscopic portals which are well-healed. Forward flexion to 145

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degrees, abduction to 150 degrees, internal rotation to 20 degrees (at 90 degrees of abduction), and external rotation to 75 degrees (at 90 degrees of abduction). There was no rotator cuff weakness. There was a positive impingement maneuver with both the Hawkins' and Neer maneuvers and a negative cross arm test. AC joint on the left side was not prominent.

Examination of right and left elbows - Normal.

Examination of right and left wrists - No scars. Dorsiflexion to 80 degrees bilaterally. Palmar flexion on the right to 45 degrees and on the left to 50 degrees. Ulnar deviation on the left to 25 degrees and on the right to 25 degrees as well. Radial deviation on the right to 20 degrees and on the left to 20 degrees as well. There was no motor weakness with wrist extensor or flexors. There was also full pronation and supination with no weakness.

Examination of the hands - Right fifth finger with a flexion contracture at the PIP joint of 30 degrees, but with full flexion. Otherwise, no abnormalities with any of the fingers of both hands. There was no grip weakness and no apposition weakness.

Examination of right hip - Flexion to 90 degrees, extension to 0. Internal rotation to 20 degrees and external rotation to 45 degrees, both causing the patient discomfort mainly with internal rotation. There was no weakness involving the hip flexors, extensors, abductors, or adductors.

Examination of left hip - Flexion to 105 degrees, extension to 0. Internal rotation to 30 degrees with mild pain. External rotation to 45 degrees, also with mild pain. There was no motor weakness involving the left hip, specifically, extensor, abductor, and adductors.

Examination of the patient's right knee - 3 arthroscopic portals which are well-healed. Flexion to 117 degrees, extension to -12 degrees. There were multiple additional scars on the right knee, all of which were well-healed. There was no ligamentous laxity. Anterior drawer, Lachman, posterior drawer, pivot shift, and McMurray maneuvers were all negative. The right calf was soft and nontender.

Examination of left knee - 3 arthroscopic portals which are well-healed. Flexion of the left knee to 126 degrees and extension to -12 degrees. The ligamentous examination was normal with the anterior drawer, posterior drawer, Lachman, pivot shift, and McMurray maneuvers all being negative. The left calf was soft and nontender.

Examination of the right and left ankles - No scars. Dorsiflexion on the left side to 5 degrees and on the right to 0 degrees. Plantar flexion on the left to 37 degrees and on the right to 36 degrees.

Examination of the patient's feet and toes - Unremarkable.

Examination of the lower back - No scars, no focal tenderness areas. Forward flexion to 75 degrees, extension to 15 degrees, and lateral bending respectively to the right and left to 30 degrees. He was able to heel and toe walk without much difficulties. The lower extremity motor exam was 5/5 throughout. Reflexes of the lower extremities were 1-2+, equal and symmetrical; and reflexes of the upper extremities were also 1-2+, equal and symmetrical.

RADIOLOGICAL DATA: X-rays taken in the office today:

1. Cervical spine: Normal lordotic curvature. No significant arthritic changes. There were some irregularities at C5-6 and C6-7.
2. X-ray of the lumbar spine, 3 views: Normal lordotic curvature. Adequate normal disk spaces.

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Page 4 of 4

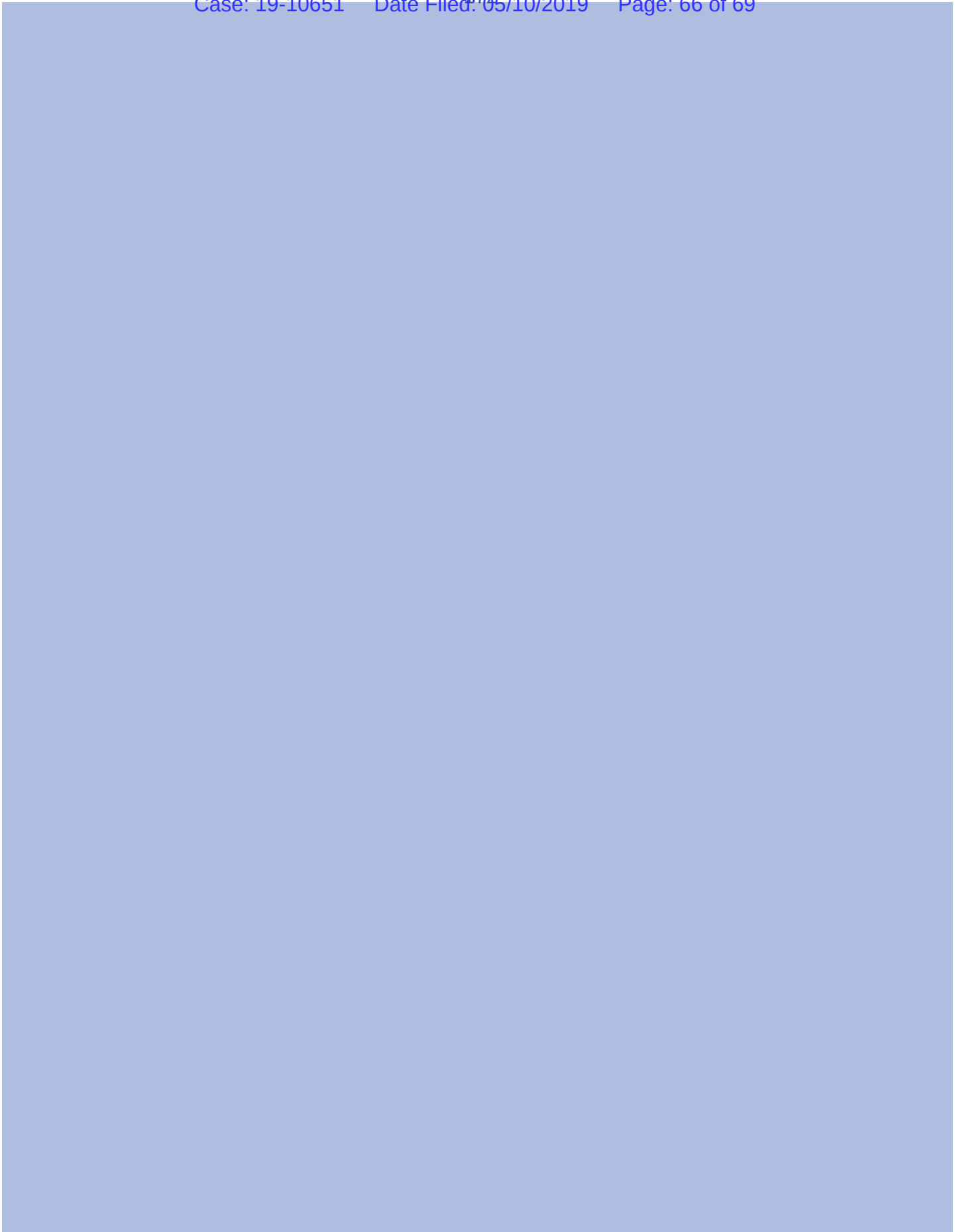
3. X-rays of the right and left shoulders: No arthritic changes of the glenohumeral joint, however, there was AC joint hypertrophy bilaterally, more so on the right, with degenerative changes.
4. Standing x-rays of the right and left hip: Unremarkable. Mild joint space narrowing.
5. X-rays of the right and left knees standing, 3 views: No significant narrowing of the joint spaces. No significant osteophyte formation. Otherwise, unremarkable x-rays.
6. X-rays of the right and left ankle standing, 3 views: Mild osteophyte formation on the dorsal aspect of the talus, but without any significant arthritic changes.

PLAN/OPINION:

The patient is not totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration profit. He can engage in any type of light to moderate duty work. He should avoid employment which requires repetitive kneeling, squatting, and/or climbing stairs. He should also avoid employment which requires climbing ladders or being in unprotected heights. In addition, he should try to avoid positions which require repetitive heavy lifting, especially those above shoulder height.

Electronically Approved by:
Chaim Arlosoroff, M.D.

CA/db
D: 6/18/2014 12:50:15 PM T: 6/18/2014 3:52 PM
FILE #: 95873836



MICKELL-0772

06/20/2014 15:15 DI LAW GROUP

(FAX) 561 223 3535

P.002/003

DI LAW GROUP

Paulino-Grisham, Smith, & Chmielarz, P.A.

June 20, 2014

Sent Via U.S. Mail & Facsimile: (202) 659-4503

Alvaro I. Anillo
 1701 Pennsylvania Avenue, N.W.
 Washington, D.C. 20006-5811

RE: Darren Mickell

Mr. Anillo:

The undersigned is in receipt of your June 19, 2014 correspondence. In your letter, you indicated that you believe the undersigned "mischaracterized much of what we discussed on June 5." However, tellingly, you failed to set forth even one alleged misrepresentation of our conversation.

You next assert that you "disagree wholeheartedly with [the undersigned's] assessment that the Plan's policy against videotaping violates Mr. Mickell's rights under ERISA or implies anything about the Plan's 'motives.'" Please re-read the undersigned's correspondence. First and foremost, the Plan's refusal to allow videotaping violates Mr. Mickell's right under Florida law, which has not been preempted by ERISA. This was thoroughly explained in the undersigned's correspondence. Your allegations establish a fundamental misapprehension of the law and ERISA preemption. Moreover, as also addressed in the undersigned's correspondence, the Plan does not prohibit videotaping of evaluations and you have not provided any documentation of an established policy enacted by the Plan or Board prohibiting such videotaping. The Plan's insistence on a clandestine evaluation certainly calls into question the Plan's motives, the reasonableness of its investigation, and the independence of the evaluation. As indicated, Mr. Mickell reserves his right to challenge the thoroughness of the evaluation and the Plan's reasonableness based on its actions.

You also contend that the undersigned's statement that she "trust[s] [the Plan] will make every effort to accommodate Mr. Mickell's request and will allow for videotaping" was inadvertently left in after she "cut and pasted" from a previous correspondence. Your claim is void of merit. During our June 5, 2014 telephone conference, your supervisor actually requested that the undersigned provide a breakdown of the case law that supports Mr. Mickell's position that he has a right under the law to have his evaluation videotaped. The undersigned was assured that the Plan would consider the information provided. The undersigned complied with



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 Hollywood, Florida 33021
 o/c 954.989.9000
 fax 954.989.9999

West Palm Beach
 224 Datura Street, Suite 402
 West Palm Beach, Florida 33401
 o/c 561.202.9170
 fax 561.202.9194

MICKELL-0773

A0889

06/20/2014 15:16 DI LAW GROUP

(FAX) 561 223 3535

P.003/003

Page 2 of 2

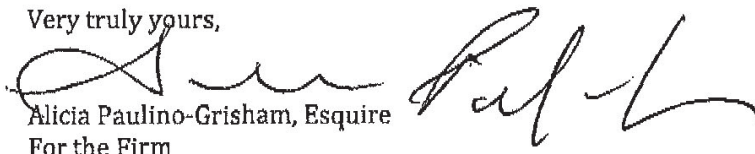
Claimant: Darren Mickell

the request and provided the information. Thus, as the case law is clear, the undersigned again requested that the Plan reconsider its unreasonable position. Unfortunately, given your statement, it is clear that the Plan never had any intention of actually considering the information provided or engaging in an open dialogue with its beneficiary, despite its obligations under the law and fiduciary duty to Mr. Mickell.

You then threaten that "if Mr. Mickell makes any last minute attempt to record [the evaluation] on his own or through a third party," the evaluation "will not take place" and "Mr. Mickell's application could be denied if he fails to attend the examination." Your threats are unreasonable, unacceptable, and frankly, nonsensical. Again, a reasonable administrator, who is acting in the best interest of its beneficiaries, would have no issue allowing its beneficiary to assert his right to videotape the evaluation. Moreover, a reasonable administrator, whose sole focus is to render an accurate claim decision would have no issue allowing unedited evidence of what occurred during the evaluation. Finally, your letter was dated June 19, 2014, two days after the evaluation took place. Accordingly, the undersigned is baffled as to why you would threaten to cancel an evaluation that has already occurred, and deny Mr. Mickell's claim, if he asserted his right under the law and attempted to videotape the evaluation (again, which has already occurred). To further confound the matter, in the very next paragraph, you thank the undersigned for allowing Mr. Mickell to attend the evaluation, indicating that you were aware that Mr. Mickell attended the evaluation.

Should you have any questions or wish to further discuss this matter, please do not hesitate to contact me at (954) 989-9000.

Very truly yours,



Alicia Paulino-Grisham, Esquire
For the Firm

cc: Paul Scott



MICKELL-0774

A0890



MICKELL-0775